

The Commonwealth of Massachusetts

ANNUAL REPORT

OF THE

TRUSTEES

OF THE

BOSTON STATE HOSPITAL

FOR THE

YEAR ENDING NOVEMBER 30, 1923

THE EIGHTY-THIRD ANNUAL REPORT OF THE HOSPITAL
FOUNDED IN 1839 BY THE CITY OF BOSTON



BOSTON STATE HOSPITAL.

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The Commonwealth of Massachusetts

TRUSTEES' REPORT.

To His Excellency the Governor and the Honorable Council.

The trustees of the Boston State Hospital have the honor to submit herewith their fifteenth annual report.

PERSONS UNDER THE CARE OF THE TRUSTEES.

On December 1, 1922, there were 2,033 patients in the hospital, 15 in private care, and 309 on visit or escape, a total of 2,357 persons under the care of the Board. On November 30, 1923, the total number was 2,486, of whom 2,124 were in the hospital, 12 in private care, and 350 on visit or escape.

CONSTRUCTION AND IMPROVEMENTS.

The verandas and the additions to the bakery and refrigerating rooms as authorized in 1922 have been completed and the new equipment installed. In 1923

the only special appropriation made was for a superintendent's house, and for this the sum of \$15,000 was allowed. The house is now under construction and will probably be ready for occupancy before the next summer.

IMPROVEMENTS RECOMMENDED.

From the suggestions made by the trustees, the Department of Mental Diseases has recommended appropriations for the following purposes in the coming year: —

Administration building and staff quarters, \$180,000.00.
 Extensions to sewer, water and steam lines, \$13,000.00.
 Purchase of land, \$30,000.00.
 Concrete pavement in front of power house, \$10,000.00.
 Cottages for farm employees, \$34,000.00.
 Concrete platform for coal storage, \$6,000.00.

For the administrative offices the hospital has been using a wooden structure composed of two houses connected by a corridor, which is not only inadequate, but is a distinct fire menace, endangering not only the valuable records but the other buildings in its vicinity. The construction of a new building for this purpose will tend to complete the normal requirements of a permanent hospital plant. The two houses could then be removed to more isolated locations on the grounds and used for subsidiary purposes.

The hospital grounds are now very desirably bounded by streets except at one point, at which there is a parcel of land with some wooden buildings belonging to the Trustees of the Forest Hills Cemetery. The acquisition of this land would completely separate the hospital grounds from neighboring properties and would furnish some structures that would be of great service to the hospital. An appropriation that would enable the Commonwealth to acquire this property is very desirable.

The heavy trucking in front of the power house makes necessary a permanent concrete roadway and an appropriation for this purpose is recommended. As it is the policy of the Department to store large quantities of coal at certain times of the year and as there is considerable loss of coal by combustion, if the coal is piled to too great a height, a larger surface for this storage must be furnished.

The farm employees are now housed in an old wooden building, the use of which has been frequently condemned by the state inspectors. It should be replaced as soon as possible by permanent cottages.

ESTIMATES FOR MAINTENANCE.

The following are the estimates for the amount needed for maintenance for the ensuing year based, as usual, on the established salary scales and per capita allowances: —

Personal services, \$404,984.00.
 Religious instruction, \$2,080.00.
 Travel, transportation, \$9,200.00.
 Food, \$201,541.62.
 Clothing and material, \$28,753.25.
 Furnishings and household supplies, \$52,843.00.
 Medical and general care, \$30,351.60.
 Heat, light and power, \$108,703.90.
 Farm, \$5,640.15.
 Garage, stable and grounds, \$7,774.21.
 Repairs, ordinary, \$17,800.00.
 Repairs and renewals, \$12,090.00.
 Total, \$881,761.73.

This estimate is based on an expected population of 2,100. The appropriation for the current year was \$731,351.40 for a population of 2,100. This was \$165,750.44 less than the estimate at the beginning of the year, an estimate which was based on the number of officers and employees fixed for the number of patients with the established scale of salaries and wages and on the quantities of food and clothing allowed for that number of patients. In spite of the fact that there were

many vacancies in the personnel, that the utmost economy was used, that needed repairs and improvements were postponed, and that the usual inventory of stores and supplies was practically exhausted at the end of the year, the expenditures exceeded the appropriation by \$21,646.07. This amount has been granted the hospital by the Department of Mental Diseases from a general appropriation made for this purpose. This hospital has never before exceeded its appropriation, but this year the reduction in its estimates was excessive. The trustees question the policy of arbitrarily fixing the appropriations at an unreasonably low figure with a supplementary general appropriation for deficiencies, for if the appropriations are not definite guides for the expenditures, they cease to have the restraining influence which they are supposed to exert. The assumption that there will be a large number of vacancies in the personnel leading to an unreasonable reduction in the item of the appropriation for this purpose, must inevitably influence the hospitals to keep the number of officers and employees at so low a minimum as to affect seriously the care and comfort of the patients committed to their care.

GENERAL CONDITIONS.

The trustees have maintained their regular visits to the hospital and have seen much to commend in the sympathetic interest and care of the patients by the officers and attendants in spite of the inadequacy of their numbers. The general health of the hospital has been good, and the number of the inevitable accidents less than one might expect. The reports of the superintendent and other officers, which are appended, furnish all necessary details.

HENRY LEFAVOUR.
KATHERINE G. DEVINE.
JOHN A. KIGGEN.
WILLIAM F. WHITEMORE.

CHARLES B. FROTHINGHAM.
EDNA W. DREYFUS.
DAVID M. WATCHMAKER.

SUPERINTENDENT'S REPORT.

To the Board of Trustees of the Boston State Hospital.

In accordance with the provisions of the statutes, I am submitting for your consideration the report of the superintendent for the statistical year ending Sept. 30, 1923, and the fiscal year ending Nov. 30, 1923. Founded by the city of Boston in 1839, this marks the completion of the eighty-fourth year of the institution as a hospital for mental diseases and the fifteenth year of its history as a State hospital.

MOVEMENT OF POPULATION.

The census of the hospital on Sept. 30, 1922, was as follows: in the wards, men, 914, women, 1,144, total, 2,058; at home on visit, men, 98, women, 170, total, 268; boarding out, men, 1, women, 13, total, 14; and out on escape, men, 9, women, 2, total, 11; making a total of 2,351, 1,022 men and 1,329 women, in the custody of the hospital.

Two hundred and eighty-four men and 371 women, a total of 655, were received during the year. This included the following: first admissions as insane, men, 200,¹ women, 247, total, 447¹; readmissions as insane, men, 56, women, 76, total, 132; first admissions, temporary care, men, 9, women, 4, total, 13; readmissions, temporary care, men, 9, women, 12, total, 21; and transferred from other institutions, men, 11, women, 32, total, 43. Two hundred and twenty-seven cases, including 101 men and 126 women, were discharged during the year. Thirty-four men and 35 women, a total of 69, were transferred to other institutions. One hundred and twenty-five men and 123 women, a total of 248, died during the year.

The census on Sept. 30, 1923, was as follows: in the wards, men, 905, women, 1,199, total, 2,104; at home on visit, men, 131, women, 204, total, 335; boarding out, men, 1, women, 9, total, 10; and out on escape, men, 9, women, 4, total, 13; making a total of 2,462, 1,046 men and 1,416 women, in the custody of the hospital.

The total number of cases treated during the year was 3,007, 1,307 men and 1,700 women.

¹ Including one committed from temporary care at the beginning of the year.

The average daily number of patients for the statistical year was: men, 1,036.36, women, 1,374.88, total, 2,411.24. The average daily number in the wards was: men, 909.74, women, 1,180.01, total, 2,089.75, or 86.67 per cent of the whole number. The average daily number at home on visit was: men, 116.32, women, 180.46, total, 296.78, or 12.31 per cent. The average daily number boarding out was: men, 1.00, women, 12.36, total, 13.36, or .55 per cent. The average daily number out on escape was: men, 9.3, women, 2.05, total, 11.35, or .47 per cent. The average daily number of committed cases was: men, 902.73, women, 1,171.90, total, 2,074.63, or 99.27 per cent of the number in the wards. The average daily number of voluntary cases was: men, 4.55, women, 5.90, total, 10.45, or .5 per cent. The average daily number of emergency cases was: men, .025, women, .05, total, .075, or .003 per cent. The average daily number of temporary care cases was: men, 2.46, women, 2.21, total, 4.67, or .22 per cent. The average number of cases under complaint or indictment was: men, 8.88, women, 4.78, total, 13.66, or .65 per cent. The average daily number of epileptics was: men, 20.38, women, 12.78, total, 33.16, or 1.59 per cent. The average daily number of private cases was: men, 22.08, women, 58.90, total, 80.98, or 3.87 per cent. The average daily number of reimbursing cases was: men, 69.09, women, 124.64, total, 193.73, or 9.27 per cent. The average daily number of cases supported by the State was: men, 818.57, women, 996.47, total, 1,815.04, or 86.86 per cent. There was a daily average of 55.5 ex-service men.

The recovery rate, based on the number of first admissions, was 10.05 per cent; based on the total number cared for during the year, 1.49 per cent; based on the average daily number in the wards, 2.16 per cent; and based on the total admissions for the year, 7.0 per cent.

The death rate, based on the total number cared for during the year, was 8.24 per cent; and based on the average daily number in the wards, 11.9 per cent. The death rate of the hospital is unusually large when compared with that of other institutions of a similar character, as over thirty per cent of the population is of the infirm type, and eight per cent represents actual bed cases. This is due to the fact that the acutely ill, the senile and the infirm cases from the city cannot be readily transported to distant institutions, and are therefore committed to the Boston State Hospital. It is obvious that for the same reason too much significance should not be attached to the recovery rate.

Of the first admissions as insane, 232, or 51.9 per cent, were foreign born, and 307, or 68.68 per cent, were of foreign parentage on one or both sides. Eighty-nine, or 19.91 per cent, were aliens.

The average age on admission was 50.47; 146, or 32.66 per cent, were sixty years of age or over, and 85, or 19.01 per cent, were seventy years of age or over.

The first admissions for the year, classified according to legal status, were as follows:—

	Males.	Females.
Committed cases (section 51, chapter 123, General Laws)	171	204
Voluntary admissions (section 86, chapter 123, General Laws)	—	—
Emergency commitments (section 78, chapter 123, General Laws)	1	4
Cases held under complaint or indictment (section 100, chapter 123, General Laws)	4	2
Pending examination and hearing (section 55, chapter 123, General Laws)	1	—
Temporary care cases (section 79, chapter 123, General Laws)	13	30
Observation cases (section 77, chapter 123, General Laws)	10	7
Boston Police cases (chapter 307, Acts of 1910)	—	—
Total	200	247

The distribution of first admissions for the year, classified according to legal status, as shown by the above table, is therefore as follows: committed cases (section 51, chapter 123, General Laws), 83.89 per cent; emergency commitments (section 78, chapter 123, General Laws), 1.12 per cent; cases held under complaint or indictment (section 100, chapter 123, General Laws), 1.34 per cent; cases pending examination and hearing (section 55, chapter 123, General Laws), .23

per cent; temporary care cases (section 79, chapter 123, General Laws), 9.62 per cent; and observation cases (section 77, chapter 123, General Laws), 3.8 per cent. No voluntary cases (section 86, chapter 123, General Laws) and no Boston police cases (chapter 307, Acts of 1910) were admitted during the year.

Three hundred and seventy-five committed cases (section 51, chapter 123, General Laws) were admitted during the year. Of these, 6, or 1.6 per cent, were discharged; 7, or 1.87 per cent, were transferred to other institutions for mental diseases; 72, or 19.2 per cent, died; and 290, or 77.33 per cent, remained at the end of the statistical year.

Five emergency cases (section 78, chapter 123, General Laws) were admitted during the year. These were all committed within a few days after admission, and none remained at the end of the statistical year.

Six cases, held under complaint or indictment, were admitted under the provisions of section 100 of chapter 123 of the General Laws. One of these was transferred to another institution, two were discharged and three remained in the hospital at the end of the statistical year.

One case was admitted, pending examination and hearing, in accordance with the provisions of section 55 of chapter 123 of the General Laws and was subsequently committed under section 51 of the same chapter.

Forty-three temporary care cases (section 79, chapter 123, General Laws) were admitted during the year. Of these, 42, or 97.67 per cent, were committed; and 1, or 2.33 per cent, changed to observation status.

Seventeen cases were admitted for observation (section 77, chapter 123, General Laws) during the year, and were all subsequently committed.

Of the 447 first admissions, the cause was unascertained or no cause given in 140 cases, or 31.32 per cent. In the 307 cases where a definite cause was assigned, the etiological factors reported may be classified as follows: senility, 72, or 23.45 per cent; arteriosclerosis, 39, or 12.7 per cent; syphilis, 53, or 17.26 per cent; alcoholism, 44, or 14.33 per cent; involutional changes, 9, or 2.93 per cent; and traumatism, 3, or .98 per cent. There was a family history of mental diseases in 76, or 17.0 per cent, mental defects in 10, or 2.24 per cent, and nervous diseases in 28, or 6.26 per cent, of the first admissions.

The forms of mental disease shown by the first admissions briefly summarized were as follows: senile psychoses, 60, or 13.42 per cent; psychoses with cerebral arteriosclerosis, 70, or 15.66 per cent; general paralysis, 46, or 10.29 per cent; psychoses with other brain or nervous diseases, 6, or 1.34 per cent; alcoholic psychoses, 34, or 7.6 per cent; psychoses with other somatic diseases, 24, or 5.37 per cent; manic-depressive psychoses, 45, or 10.07 per cent; involution melancholia, 10, or 2.24 per cent; dementia praecox, 79, or 17.67 per cent; paranoia or paranoid conditions, 31, or 6.93 per cent; psychoses with mental deficiency, 9, or 2.01 per cent; undiagnosed psychoses, 7, or 1.56 per cent; and all other psychoses one per cent or less. The psychoses of all first admissions are shown in Table No. 6, on page 31.

The forms of mental disease shown by the readmissions, briefly summarized, were as follows: senile psychoses, 6, or 4.55 per cent; psychoses with cerebral arteriosclerosis, 7, or 5.38 per cent; general paralysis, 7, or 5.38 per cent; psychoses with cerebral syphilis, 3, or 2.27 per cent; manic-depressive, 43, or 32.57 per cent; dementia praecox, 37, or 28.03 per cent; paranoia or paranoid conditions, 9, or 6.81 per cent; psychoneuroses and neuroses, 2, or 1.51 per cent; psychoses with mental deficiency, 6, or 4.55 per cent; psychoses with psychopathic personality, 2, or 1.51 per cent; undiagnosed psychoses, 3, or 2.27 per cent; and all other psychoses one per cent or less.

Of these readmissions, 101, or 76.51 per cent, were committed under the provisions of section 51, chapter 123, General Laws; 24, or 18.18 per cent, were temporary care cases (section 79, chapter 123, General Laws); and 7, or 5.31 per cent, were observation cases (section 77, chapter 123, General Laws). No voluntary cases (section 86, chapter 123, General Laws); no emergency cases (section 78, chapter 123, General Laws); no cases held under complaint or indictment (section 100, chapter 123, General Laws); no cases pending examination and hearing (section 55, chapter 123, General Laws); and no Boston police cases (chapter 307, Acts of 1910) were included in the readmissions for the year.

The following tables show the psychoses of all first admissions classified according to legal status:—

Psychoses of Committed Cases (Section 51, Chapter 123, General Laws).

	M.	F.	T.	TOTAL.		
				M.	F.	T.
Traumatic psychoses . . . . .	.	.	.	3	—	3
Senile psychoses . . . . .	.	.	.	14	29	43
Simple deterioration	13	11	24			
Presbyophrenic type	—	1	1			
Delirious and confused	—	1	1			
Depressed and agitated	—	2	2			
Paranoid states	—	13	13			
Presenile types	1	1	2			
Psychoses with cerebral arteriosclerosis . . . . .	.	.	.	20	32	52
General paralysis . . . . .	.	.	.	35	9	44
Psychoses with cerebral syphilis . . . . .	.	.	.	2	1	3
Psychoses with Huntington's chorea . . . . .	.	.	.	—	—	—
Psychoses with brain tumor . . . . .	.	.	.	—	1	1
Psychoses with other brain or nervous diseases . . . . .	.	.	.	2	3	5
Organic brain disease	—	2	2			
Carcinoma of brain	1	—	1			
Transverse myelitis	1	—	1			
Not specified	—	1	1			
Alcoholic psychoses . . . . .	.	.	.	17	9	26
Pathological intoxication	1	—	1			
Delirium tremens . . . . .	.	.	.
Acute hallucinosis	10	2	12			
Acute paranoid type	—	1	1			
Korsakow's psychosis	1	1	2			
Chronic hallucinosis	1	—	1			
Chronic paranoid type	—	1	1			
Alcoholic deterioration	3	4	7			
Other types	1	—	1			
Psychoses with drugs and other exogenous toxins . . . . .	.	.	.	—	—	—
Psychoses with pellagra . . . . .	.	.	.	—	—	—
Psychoses with other somatic diseases . . . . .	.	.	.	7	13	20
Delirium with infectious diseases	—	—	—			
Post-infectious psychosis	—	—	—			
Exhaustion delirium	—	5	5			
Delirium of unknown origin	1	—	1			
Cardio-renal diseases	1	—	1			
Diseases of the ductless glands	—	—	—			
Post-operative delirium	1	1	2			
Post-puerperal delirium	—	1	1			
Toxemia of pregnancy	—	1	1			
Diabetes mellitus	1	—	1			
Myocarditis	—	1	1			
Delirium with cardio-renal disease	1	—	1			
Septicemia	1	—	1			
Influenza	1	1	2			
Carcinoma of intestines	—	1	1			
Pyelonephritis and pelvic cellulitis	—	1	1			
Encephalitis lethargica	—	1	1			
Manic-depressive psychoses . . . . .	.	.	.	12	28	40
Manic type	6	14	20			
Depressive type	6	11	17			
Stuporous type	—	2	2			
Mixed type	—	1	1			
Circular type	—	1	1			
Involution melancholia . . . . .	.	.	.	5	5	10
Dementia praecox . . . . .	.	.	.	39	35	74
Paranoid type	20	23	43			
Catatonic type	7	5	12			
Hebephrenic type	9	5	14			
Simple type	3	2	5			
Paranoia or paranoid conditions . . . . .	.	.	.	4	24	28
Epileptic psychoses . . . . .	.	.	.	3	1	4
Deterioration	2	—	2			
Clouded states	1	1	2			
Psychoneuroses and neuroses . . . . .	.	.	.	—	1	1
Hysterical type	—	—	—			
Psychasthenic type	—	—	—			
Neurasthenic type	—	1	1			
Others	—	—	—			
Psychoses with psychopathic personality . . . . .	.	.	.	—	4	4
Psychoses with mental deficiency . . . . .	.	.	.	—	2	2
Undiagnosed psychoses . . . . .	.	.	.	2	5	7
Without psychosis . . . . .	.	.	.	1	2	3
Mental deficiency without psychosis	1	2	3			
Total . . . . .	.	.	.	171	204	375

Psychoses of Emergency Commitments (Section 78, Chapter 123, General Laws).

	M.	F.	T.	TOTAL.		
				M.	F.	T.
Senile psychosis	-	-	-	-	1	1
Paranoid type	-	1	1	-	-	-
General paralysis	-	-	-	1	-	1
Manic-depressive psychosis	-	-	-	-	1	1
Manic type	-	1	1	-	-	-
Dementia praecox	-	-	-	-	1	1
Paranoid type	-	1	1	-	-	-
Paranoia or paranoid conditions	-	-	-	-	1	1
Total	-	-	-	1	4	5

Psychoses of Cases held under Complaint or Indictment (Section 100, Chapter 123, General Laws).

	M.	F.	T.	TOTAL.		
				M.	F.	T.
Alcoholic psychoses	-	-	-	3	-	3
Acute hallucinosis	3	-	3	-	-	-
Psychoses due to drugs and other exogenous toxins	-	-	-	-	2	2
Morphine	-	2	2	-	-	-
Dementia praecox	-	-	-	1	-	1
Catatonic type	1	-	1	-	-	-
Total	-	-	-	4	2	6

Psychosis of Case Pending Examination and Hearing (Section 55, Chapter 123, General Laws).

	M.	F.	T.	TOTAL.		
				M.	F.	T.
Senile psychosis	-	-	-	1	-	1
Simple deterioration	1	-	1	-	-	-
Total	-	-	-	1	-	1

Psychoses of Temporary Care Cases (Section 79, Chapter 123, General Laws).

	M.	F.	T.	TOTAL.		
				M.	F.	T.
Senile psychoses	-	-	-	1	11	12
Simple deterioration	1	5	6	-	-	-
Depressed and agitated	-	1	1	-	-	-
Paranoid types	-	5	5	-	-	-
Psychoses with cerebral arteriosclerosis	-	-	-	7	11	18
General paralysis	-	-	-	-	1	1
Psychosis due to drugs and other exogenous toxins	-	-	-	-	1	1
Veronal	-	1	1	-	-	-
Psychoses with other somatic diseases	-	-	-	4	-	4
Exhaustion delirium	1	-	1	-	-	-
Cardiovascular-renal disease	1	-	1	-	-	-
Tuberculosis of the lungs	1	-	1	-	-	-
Carcinoma of pharynx	1	-	1	-	-	-
Manic-depressive psychoses	-	-	-	-	4	4
Manic type	-	1	1	-	-	-
Depressive type	-	3	3	-	-	-
Dementia praecox	-	-	-	-	1	1
Catatonic type	-	1	1	-	-	-
Paranoia or paranoid conditions	-	-	-	-	1	1
Psychoneuroses and neuroses	-	-	-	1	-	1
Psychasthenic type	1	-	1	-	-	-
Total	-	-	-	13	30	43

Psychoses of Observation Cases (Section 77, Chapter 123, General Laws).

	M.	F.	T.	TOTAL.		
				M.	F.	T.
Traumatic psychosis . . . . .	.	.	.	1	-	1
Senile psychoses . . . . .	.	.	.	2	1	3
Simple deterioration	2	-	2			
Paranoid type	-	1	1			
Psychoses with cerebral syphilis . . . . .	.	.	.	1	1	2
Psychoses with other brain or nervous diseases . . . . .	.	.	.	-	1	1
Hemiplegia	-	1	1			
Alcoholic psychoses . . . . .	.	.	.	3	2	5
Delirium tremens	1	-	1			
Chronic hallucinosis	1	-	1			
Chronic paranoid type	1	-	1			
Alcoholic deterioration	-	2	2			
Dementia praecox . . . . .	.	.	.	1	1	2
Simple type	1	1	2			
Paranoia or paranoid conditions . . . . .	.	.	.	1	-	1
Psychoses with mental deficiency . . . . .	.	.	.	1	1	2
Total . . . . .	.	.	.	10	7	17

Eighty-three temporary care cases (section 79, chapter 123, General Laws) were admitted during the year ending Sept. 30, 1922. Sixty-three were committed under the provisions of section 51, chapter 123, General Laws, two changed to emergency status, none to voluntary, and four to observation status. Of the twelve discharges, one, or 8.34 per cent, were discharged as recovered; two, or 16.67 per cent, as improved; seven, or 58.92 per cent, as unimproved; and two, or 16.67 per cent, as without psychosis. None died, none were transferred, and two remained at the end of the statistical year.

Eight emergency cases (section 78, chapter 123, General Laws) were admitted during the year. Seven of these were committed and one discharged, leaving none at the end of the statistical year. In addition to this there should be noted two cases shown in the admissions for the year as temporary care cases, later committed under the provisions of section 78, and finally under section 51, chapter 123, General Laws.

Forty-six observation cases (section 77, chapter 123, General Laws) were admitted during the year, including four shown in the admissions under section 79, and later changed to observation status in accordance with the provisions of section 77. Twenty-seven were committed, 15 discharged, one died and three cases remained at the end of the statistical year. Of the fifteen discharges, three, or 20 per cent, were discharged as recovered; none as improved; two, or 13.33 per cent, as unimproved; and 10, or 66.67 per cent, as without psychosis.

Seven cases held under complaint or indictment (section 100, chapter 123, General Laws) were admitted during the year. Of these, one was transferred to another hospital, two were discharged (one as recovered and one as unimproved), and the remaining four are still in the institution.

One case pending examination and hearing (section 55, chapter 123, General Laws) was admitted during the year and subsequently committed under the provisions of section 51, chapter 123, General Laws.

No voluntary cases (section 86, chapter 123, General Laws) were admitted during the year.

No Boston police cases (chapter 307, Acts of 1910) were admitted during the year.

10 P.D. 84.
The following table shows the psychoses of all cases admitted as temporary care and subsequently committed under the provisions of section 51, chapter 123, General Laws: —

	M.	F.	T.	TOTAL.		
				M.	F.	T.
Traumatic psychoses . . . . .	.	.	.	1	—	1
Senile psychoses . . . . .	.	.	.	4	15	19
Simple deterioration	4	7	11			
Depressed and agitated	—	1	1			
Paranoid types	—	7	7			
Psychoses with cerebral arteriosclerosis . . . . .	.	.	.	9	12	21
General paralysis . . . . .	.	.	.	3	1	4
Psychoses with cerebral syphilis . . . . .	.	.	.	2	1	3
Psychoses with Huntington's chorea . . . . .	.	.	.	—	—	—
Psychoses with brain tumor . . . . .	.	.	.	—	—	—
Psychoses with other brain or nervous diseases . . . . .	.	.	.	—	1	1
Hemiplegia	—	1	1			
Alcoholic psychoses . . . . .	.	.	.	6	3	9
Pathological intoxication . . . . .	.	.	.
Delirium tremens	1	—	1			
Acute hallucinosis	3	—	3			
Acute paranoid type	—	—	—			
Korsakow's psychosis	1	1	2			
Chronic hallucinosis	1	—	1			
Chronic paranoid type	—	2	2			
Alcoholic deterioration	—	—	—			
Other types	—	—	—			
Psychoses due to drugs and other exogenous toxins . . . . .	.	.	.	—	3	3
Morphine	—	2	2			
Veronal	—	1	1			
Psychoses with pellagra . . . . .	.	.	.	—	—	—
Psychoses with other somatic diseases . . . . .	.	.	.	4	—	4
Exhaustion delirium	1	—	1			
Cardiovascular-renal disease	1	—	1			
Carcinoma of pharynx	1	—	1			
Tuberculosis of the lungs	1	—	1			
Manic-depressive psychoses . . . . .	.	.	.	3	13	16
Manic type	2	5	7			
Depressive type	1	6	7			
Stuporous type	—	1	1			
Mixed type	—	1	1			
Circular type	—	—	—			
Involution melancholia . . . . .	.	.	.	—	—	—
Dementia praecox . . . . .	.	.	.	4	7	11
Paranoid type	2	3	5			
Catatonic type	1	1	2			
Hebephrenic type	—	2	2			
Simple type	1	1	2			
Paranoid condition . . . . .	.	.	.	1	4	5
Epileptic psychoses . . . . .	.	.	.	—	1	1
Epileptic deterioration	—	1	1			
Psychoneuroses and neuroses . . . . .	.	.	.	2	—	2
Psychasthenic type	1	—	1			
Neurasthenic type	1	—	1			
Psychosis with psychopathic personality . . . . .	.	.	.	—	1	1
Psychoses with mental deficiency . . . . .	.	.	.	1	1	2
Undiagnosed psychoses . . . . .	.	.	.	1	1	2
Without psychosis . . . . .	.	.	.	—	—	—
Total . . . . .	.	.	.	41	64	105

The following table shows the psychoses of all admissions during the year, exclusive of transfers:—

	M.	F.	T.	TOTAL.		
				M.	F.	T.
Traumatic psychoses . . . . .	.	.	.	5	—	5
Senile psychoses . . . . .	.	.	.	21	46	67
Simple deterioration	18	19	37			
Presbyophrenic type	—	1	1			
Delirious and confused types	—	1	1			
Depressed and agitated types	2	3	5			
Paranoid types	—	21	21			
Presenile types	1	1	2			
Psychoses with cerebral arteriosclerosis . . . . .	.	.	.	32	49	81
General paralysis . . . . .	.	.	.	44	10	54
Psychoses with cerebral syphilis . . . . .	.	.	.	6	2	8
Psychoses with Huntington's chorea . . . . .	.	.	.	—	—	—
Psychoses with brain tumor . . . . .	.	.	.	—	1	1
Psychoses with other brain or nervous diseases . . . . .	.	.	.	2	4	6
Cerebral embolism	—	—	—			
Paralysis agitans	—	—	—			
Meningitis, tubercular or other forms	—	—	—			
Multiple sclerosis	—	—	—			
Tabes dorsalis	—	—	—			
Acute chorea	—	—	—			
Other diseases	2	4	6			
Alcoholic psychoses . . . . .	.	.	.	26	13	39
Pathological intoxication	1	1	2			
Delirium tremens	1	—	1			
Acute hallucinosis	13	2	15			
Acute paranoid type	—	1	1			
Korsakow's psychosis	1	1	2			
Chronic hallucinosis	3	1	4			
Chronic paranoid type	1	1	2			
Alcoholic deterioration	5	6	11			
Other types	1	—	1			
Psychoses due to drugs and other exogenous toxins . . . . .	.	.	.	—	4	4
Opium (and derivatives), cocaine, bromides, chloral, etc.	—	4	4			
Psychoses with pellagra . . . . .	.	.	.	—	—	—
Psychoses with other somatic diseases . . . . .	.	.	.	12	15	27
Delirium with infectious disease	—	—	—			
Post-infectious psychosis	—	—	—			
Exhaustion delirium	1	6	7			
Delirium of unknown origin	1	1	2			
Cardiorenal diseases	2	—	2			
Diseases of the ductless glands	—	—	—			
Other diseases or conditions	8	8	16			
Manic-depressive psychoses . . . . .	.	.	.	26	63	89
Manic type	13	31	44			
Depressive type	13	27	40			
Stuporous type	—	3	3			
Mixed type	—	2	2			
Circular type	—	—	—			
Involution melancholia . . . . .	.	.	.	6	6	12
Dementia praecox . . . . .	.	.	.	59	59	118
Paranoid type	36	37	73			
Catatonic type	8	7	15			
Hebephrenic type	10	12	22			
Simple type	4	3	7			
Other types	1	—	1			
Paranoia or paranoid conditions . . . . .	.	.	.	7	35	42
Epileptic psychoses . . . . .	.	.	.	4	2	6
Epileptic deterioration	3	1	4			
Epileptic clouded states	1	1	2			
Other types	—	—	—			
Psychoneuroses and neuroses . . . . .	.	.	.	2	5	7
Hysterical type	—	—	—			
Psychasthenic type	1	2	3			
Neurasthenic type	1	3	4			
Anxiety neuroses	—	—	—			
Other types	—	—	—			
Psychoses with psychopathic personality . . . . .	.	.	.	2	5	7
Psychoses with mental deficiency . . . . .	.	.	.	9	8	17
Undiagnosed psychoses . . . . .	.	.	.	3	7	10
Without psychosis . . . . .	.	.	.	8	5	13
Epilepsy without psychosis	—	—	—			
Alcoholism without psychosis	—	—	—			
Drug addiction without psychosis	—	—	—			
Psychopathic personality without psychosis	1	—	1			
Mental deficiency without psychosis	3	4	7			
Others	4	1	5			
Depression	2	—	2			
Somatic disease	—	1	1			
Cerebral syphilis	1	—	1			
Carcinoma of pharynx	1	—	1			
Total . . . . .	.	.	.	274	339	613

The psychoses represented by the cases discharged from the hospital during the year were as follows: senile psychoses, 5, or 2.52 per cent; psychoses with cerebral arteriosclerosis, 7, or 3.53 per cent; general paralysis, 6, or 3.03 per cent; psychoses with cerebral syphilis, 2, or 1.01 per cent; alcoholic psychoses, 22, or 11.11 per cent; psychoses due to drugs and other exogenous toxins, 1, or .51 per cent; psychoses with other somatic diseases, 7, or 3.53 per cent; manic-depressive psychoses, 65, or 32.82 per cent; involution melancholia, 2, or 1.01 per cent; dementia praecox, 47, or 23.73 per cent; paranoia or paranoid conditions, 11, or 5.56 per cent; psychoses with psychopathic personality, 8, or 4.04 per cent; psychoses with mental deficiency, 10, or 5.05 per cent; undiagnosed psychoses, 2, or 1.01 per cent; and without psychosis, 3, or 1.52 per cent.

The total number of cases discharged during the year was 198. Of this number 41, or 20.71 per cent, were discharged as recovered; 117, or 59.05 per cent, as improved; 37, or 18.71 per cent, as unimproved; and 3, or 1.53 per cent, as without psychosis. Of the 41 recovered cases, 26, or 63.41 per cent, were cases of manic-depressive psychoses; 7, or 17.07 per cent, alcoholic psychoses; 1, or 2.44 per cent, psychoses due to drugs or other exogenous toxins; 1, or 2.44 per cent, involution melancholia; 3, or 7.32 per cent, psychoses with other somatic diseases; 2, or 4.88 per cent, psychoses with mental deficiency; and 1, or 2.44 per cent, psychosis with psychopathic personality. Of the 117 cases discharged as improved, 33, or 28.20 per cent, were cases of manic-depressive psychoses; 30, or 25.64 per cent, dementia praecox; 13, or 11.11 per cent, alcoholic psychoses; 11, or 9.40 per cent, paranoia or paranoid conditions; 7, or 5.98 per cent, psychoses with psychopathic personality; 6, or 5.12 per cent, psychoses with mental deficiency; 5, or 4.26 per cent, psychoses with cerebral arteriosclerosis; 3, or 2.56 per cent, general paralysis; 3, or 2.56 per cent, psychoses with other somatic diseases; 2, or 1.72 per cent, senile psychoses; 2, or 1.72 per cent, undiagnosed psychoses; 1, or .86 per cent, psychosis with cerebral syphilis; and 1, or .86 per cent, involution melancholia. Of the 37 cases discharged as unimproved, 17, or 46.0 per cent, were dementia praecox; 6, or 16.20 per cent, manic-depressive psychoses; 3, or 8.10 per cent, senile psychoses; 3, or 8.10 per cent, general paralysis; 2, or 5.40 per cent, psychoses with cerebral arteriosclerosis; 2, or 5.40 per cent, alcoholic psychoses; 2, or 5.40 per cent, psychoses with mental deficiency; 1, or 2.70 per cent, psychosis with cerebral syphilis; and 1, or 2.70 per cent, psychosis with other somatic disease.

A study of the entire hospital residence (including other institutions for mental diseases) of the cases discharged during the statistical year is of considerable interest. Eight, or 4.10 per cent, were discharged after a residence of less than one month; 66, or 33.85 per cent, after a residence of from one to six months; 43, or 22.05 per cent, from six months to one year; 32, or 16.41 per cent, from one to two years; 17, or 8.72 per cent, two to three years; 10, or 5.13 per cent, three to four years; 5, or 2.57 per cent, four to five years; 12, or 6.13 per cent, five to ten years; and 2, or 1.03 per cent, ten years and over. The average duration of total hospital residence was one year, seven months and six days.

Of the 247 deaths occurring during the year, 115, or 46.56 per cent, represented cases dying at the age of sixty or over. In 76 cases, or 30.65 per cent, death occurred at the age of seventy or over.

The principal causes of death during the year were as follows: bronchopneumonia, 55, or 22.27 per cent; arteriosclerosis, 29, or 11.74 per cent; tuberculosis of the lungs, 28, or 11.33 per cent; endocarditis and myocarditis, 38, or 15.38 per cent; general paralysis of the insane, 25, or 10.12 per cent; lobar pneumonia, 11, or 4.49 per cent; and chronic nephritis, 10, or 4.05 per cent.

The psychoses represented by deaths occurring in the hospital during the year were as follows: senile psychoses, 41, or 16.6 per cent; psychoses with cerebral arteriosclerosis, 59, or 23.88 per cent; general paralysis, 52, or 21.05 per cent; psychosis with cerebral syphilis, 1, or .40 per cent; psychosis with brain tumor, 1, or .40 per cent; psychoses with other brain or nervous diseases, 3, or 1.21 per cent; alcoholic psychoses, 15, or 6.07 per cent; psychoses with other somatic diseases, 16, or 6.48 per cent; manic-depressive psychoses, 12, or 4.84 per cent; involution melancholia, 9, or 3.63 per cent; dementia praecox, 29, or 11.74 per

cent; paranoia or paranoid conditions, 4, or 1.61 per cent; and epileptic psychoses, 2, or .80 per cent. Of the 41 cases of senile psychoses dying in the hospital during the year, 9, or 21.95 per cent, were due to bronchopneumonia. Of the 59 cases of arteriosclerotic psychoses, death was due in 16, or 27.12 per cent, to bronchopneumonia, and in 18, or 30.51 per cent, death was attributed directly to arteriosclerosis. Of the 52 cases of general paralysis, 14, or 26.92 per cent, were reported as dying from bronchopneumonia, and in 25, or 48.07 per cent, general paralysis of the insane was given as the cause of death. Of the 29 cases of dementia praecox, death was due in 17, or 58.62 per cent, to pulmonary tuberculosis. Of the nine cases of involution melancholia, the cause of death was reported as bronchopneumonia in 4, or 44.44 per cent.

Of the 247 patients dying in the hospital during the year the total duration of hospital residence was as follows: one year or less, 142, or 57.5 per cent; one to two years, 26, or 10.52 per cent; two to three years, 21, or 8.5 per cent; three to four years, 12, or 4.85 per cent; four to five years, 10, or 4.05 per cent; five to six years, 3, or 1.22 per cent; six to seven years, 4, or 1.62 per cent; seven to eight years, 7, or 2.83 per cent; eight to nine years, 6, or 2.43 per cent; nine to ten years, 5, or 2.03 per cent; ten to fifteen years, 9, or 3.64 per cent; fifteen to twenty years, 2, or .81 per cent. The average duration of hospital residence of the cases dying in the hospital during the year was two years, two months and nineteen days. The psychoses showing the longest hospital residence were as follows: senile psychosis, one over sixteen years; dementia praecox, one over fifteen years; cerebral arteriosclerosis, one over fourteen years; and alcoholic psychosis, one over fourteen years.

The following general statistical information relating to the ward service should be of interest:—

	Males.	Females.	Totals.	Percentage.
Average daily population	909.74	1,180.01	2,089.75	100.00
In bed	89.24	84.02	173.26	8.29
In restraint	1.12	4.15	5.27	.25
In seclusion . . . . .	.74	11.59	12.33	.59
Eating in dining rooms	794.10	924.06	1,718.17	82.22
Eating on wards	115.64	255.95	371.62	17.78
Fed by nurses	14.47	44.31	58.78	2.81
Idle	395.45	636.62	1,032.07	48.43
Employed	514.29	543.39	1,057.68	51.57
Parole of grounds	128.93	42.19	171.12	8.19
Out for exercise	775.39	744.89	1,520.28	72.75
Noisy	44.85	138.95	183.80	8.79
Violent . . . . .	.35	37.20	37.55	1.79
Destructive	2.18	47.46	49.64	2.37
Soiled or wet	55.26	164.61	219.87	10.51
Taking medicine	16.52	44.71	61.23	2.93
Infirm	347.72	373.95	721.67	34.53

The percentages shown in the above table represent the average daily number in each instance for the entire year, thus: the average daily number of patients in bed was 173.26, or 8.29 per cent of the average daily population, and the average daily number out for exercise was 1,520.28, or 72.75 per cent of the average daily population. The table shows an unusually large percentage of our population to consist of bed cases. As has already been explained, this is largely due to the fact that the senile and infirm cases cannot readily be removed to institutions outside of the metropolitan district, and come to the Boston State Hospital. The hospital has, for this reason, an infirmary class approximating 35 per cent of the total number of cases cared for. The number of patients in restraint and seclusion, as shown by the above table, although small, is due in part to the fact that there has been such an unfortunate shortage of nurses and attendants. If the percentage of infirm cases is eliminated (and this, of course, includes the bed patients), the average daily number going out for exercise must be looked upon as quite large. The average daily number of noisy patients is of considerable interest. The number of patients actually violent is not at all consistent with the popular ideas regarding institutions of this type. The number of patients actually employed in

useful occupations should not be looked upon as small if the percentage of bed cases is taken into consideration. The number actually taking medicine would be considerably smaller were it not for the senile and infirm population.

GENERAL HEALTH OF THE HOSPITAL.

The general health of the hospital has been very satisfactory during the year, there having been no serious epidemics of any kind. The mild attacks of enteritis which have been more or less prevalent for several years have been very infrequent during the past twelve months. The occasional cases of influenza which were reported during the winter are not worthy of any special consideration, in view of the fact that nothing resembling an epidemic manifested itself at any time. One patient and one employee had attacks of typhoid fever during the year. Both made uneventful recoveries. The source of infection appears to have been traced to a point outside of the hospital.

There was the usual number of minor accidents and injuries in the wards. All of these were thoroughly investigated and reported in the usual manner to the Board of Trustees and the Department of Mental Diseases. It is gratifying to report that there have been no homicides or suicides.

Special attention has been devoted by Dr. Roy D. Halloran to the active treatment of neurosyphilis. This has included the intravenous use of arsphenamine, tryparsamide, and sulpharsphenamine, and muscular injections of sulpharsphenamine and of mercury. A special report of his work with sulpharsphenamine was presented at a meeting of the Norfolk District Medical Society which was held at the hospital on October 30th. The treatments given during the year may be summarized as follows:—

Arsphenamine, intravenous, 27.
 Tryparsamide, intravenous, 14.
 Sulpharsphenamine, intravenous, 45.
 Sulpharsphenamine, intramuscular, 45.
 Mercury, intramuscular, 78.

The number of deaths occurring during the year is shown on page 4, and the number of autopsies is given in the report of the pathological laboratory.

EMPLOYEES.

The problem of maintaining an adequate force of employees in the hospital has not been so serious as it was during the preceding year. On September 30, 1922, there were 386 persons in the employ of the hospital. During the year 822 were appointed, 685 resigned and 141 were discharged. Twelve hundred and eight persons occupied 444 positions, — a rotation of 2.72. The average daily number of employees during the year was 394.96, with 11.89 per cent of vacancies. The average daily number in the ward service was 214.56, with 16.6 per cent of vacancies. The ratio of ward employees was one to 9.74 patients, and of all employees, one to 5.29. Although this represents a slight improvement over the past year, the shortage, especially in the ward service, has been such as to interfere somewhat with the efficient and proper care of patients. This has affected the medical service in various ways. Less patients have been employed and there has been more restraint and seclusion than would be needed ordinarily. The lack of ward supervision, moreover, has resulted in a destruction of clothing and other ward supplies that is of considerable importance from a financial point of view. The limited number of nurses and attendants has, of course, materially interfered with our ability to satisfactorily handle the large number of visitors calling at the hospital to see their relatives and friends. The total number of visits made to the patients during the last year was 62,074. We often have 500 or 600 visitors during one day, the highest number on any one day during the year being 978. The decrease in the number of nurses is, of course, a material factor in increasing accidents, injuries and escapes. At the present time there is much less difficulty in obtaining the services of male employees. It is still hard, however, to maintain an adequate force of female nurses and attendants. This is due, doubtless, in part, to the fact that the hours of duty are long, and association with mental cases is not attractive

to those who are not familiar with this line of work. This is a problem, however, which has affected the general hospitals as much as it has the institutions for mental diseases. Under the circumstances, if an increased compensation is not possible for ward employees, certainly no reduction should be contemplated. One of the factors which has interfered with our maintenance of an adequate force of ward employees heretofore has been the lack of comfortable living quarters. The occupancy of the new nurses' home in the East Group has remedied this situation in a way which has already been productive of definite results. At the present time we are unable to properly house male ward attendants. The employees' cottage occupied by men has a capacity of only 42. Our quota of male attendants is 114. It has been necessary for them to be quartered in attics and in many other places which are far from being desirable. We are badly in need of a new building for male ward attendants. We have no satisfactory place for employees engaged in outside work. The old farm house in the West Group, which furnishes quarters for only 19 persons, is in such a condition that it should be torn down and replaced as soon as possible. There has always been difficulty in inducing our employees to live in it. The fact that our male attendants have been scattered around in so many different places has, of course, made it difficult to keep them under proper supervision.

The shortage of staff quarters is also a serious matter which should be remedied as soon as the cost of construction will permit. Various officers and employees assigned to the East Group have from time to time been compelled to live in buildings in the West Group, nearly a mile away.

THE MEDICAL SERVICE.

Very few changes have taken place in the medical service during the year. Dr. Franklin I. Flagg was appointed assistant physician on Jan. 28, 1923. Dr. Flagg received his preliminary education at the Harblitz Preparatory School in Roxbury, and his degree in medicine from the Middlesex Medical School in 1921, after which he served for one year as house physician at the Malden Hospital. On July 5, 1923, Dr. Jacob Kasanin was appointed assistant physician. Dr. Kasanin received the degree of B.S. from the College of Literature, Science and Arts in 1919, and his degree in medicine from the University of Michigan Medical School in 1921. He served for one year as interne at the Mt. Sinai Hospital in Cleveland. He has done special work in psychiatry at the University of Michigan. On October 1, 1923, Dr. Herbert E. Herrin, who was appointed assistant physician on July 23, 1921, was promoted to the position of senior assistant physician. Dr. Grace E. Rochford of Boston was appointed consulting obstetrician on May 21, 1923. On June 12, 1923, Dr. Edwin A. Meserve was appointed consulting laryngologist, otologist and rhinologist to fill the vacancy caused by the resignation of Dr. Fred A. Simmons.

Staff meetings have been held as usual during the year, alternating between the East and West groups. Efforts have been made to present all new admissions at staff meetings, as well as cases about to leave the hospital on visit or cases to be discharged.

The following summary of the more important operations of the year includes cases sent to the Boston City Hospital also. Dr. Irving J. Walker of Boston has visited the hospital regularly and had charge of this work.

Abdominal carcinoma, 1; Accouchement forcé, 1; Amputation of left arm, 1; Amputation of left leg, 1; Cholecystectomy, 2; Drainage of abscess on right groin, 1; Exploratory laparotomy and partial hysterectomy, 1; Exploratory laparotomy with drainage, 1; Extensive drainage for pelvic origin, 1; Herniotomy, 3; Incision and drainage of tubercular abscess over left scapula, 1; Prostatectomy, suprapubic, 1; Removal of epithelioma from right side of abdomen, 1.

OUT-PATIENT SERVICE.

The supervision of patients in family care and those at home on visit, as well as the after care of cases discharged from the custody of the hospital, is an important part of the work of the out-patient department. Medical advice also is

given to numerous persons who visit the hospital for the purpose of consulting members of the staff on matters pertaining to their own welfare or that of their family or relatives. The patients who have been allowed to go home on visit, or who have left the hospital temporarily for family care, are visited at frequent intervals by our social workers. Patients on visit are also required to report at the hospital at regular intervals for observation. Considerable supervision is also given to former patients who have been discharged but who are kept under observation by the social workers and physicians. Some cases appearing for consultation are referred to their family physicians or to the Boston Psychopathic Hospital. The following is a report of the movement of population of patients under the supervision of the out-patient department: —

	Males.	Females.
In family care Sept. 30, 1922	1	13
On escape Sept. 30, 1922	9	2
On visit Sept. 30, 1922	98	170
Dismissed to family care during the year	—	7
Escaped during the year	24	11
Dismissed on visit during the year	1,090	860
Admitted from family care	—	8
Admitted from escape	19	9
Admitted from visit	995	723
Admitted from family care and discharged	—	3
Admitted from escape and discharged	5	—
Admitted from visit and discharged	62	103
In family care Sept. 30, 1923	1	9
On escape Sept. 30, 1923	9	4
On visit Sept. 30, 1923	131	204

SOCIAL SERVICE DEPARTMENT.

The following is a summary of the social service work done during the year under the direction of Miss Marie L. Donohoe: —

	Males.	Females.	Totals.
Total number of cases considered during the year	577	683	1,260
New cases, Hospital	141	180	321
New cases, School clinic	190	165	355
Renewed cases from previous year	51	100	151
Continued cases from previous year	188	234	422
Outside cases	7	4	11
Cases closed during the year:			
Hospital	249	241	490
School clinic	190	165	355
Cases continued	138	277	415
Sources of new cases:			
Referred by physicians	73	116	189
Referred by community agencies	25	21	46
Referred by friends or relatives	2	6	8
Referred by patients' own initiative	4	5	9
Selected by Social Service	37	32	69
Referred by schools	190	165	355
Purposes for which cases were referred:			
Histories:			
Hospital patients	45	55	100
School clinic	190	165	355
Home investigation prior to discharge of patient	5	42	47
Social investigation, including statements of patients, of relatives or neighbors, complaints, conduct disorders, employment, etc.	114	159	273
To assist families of patients	32	41	73
To care for needs of ex-service men, such as compensation, guardianship, etc.	70	1	71

Purposes for which cases were referred — *Concluded.*

Supervision:	Males.	Females.	Totals.
Cases cared for in a general way, with visits, advice, hygiene, etc.	27	188	215
Cases with whom real social treatment is attempted, i.e., study and analysis followed by the application of a careful, well thought-out plan of treatment	16	49	65
Boarded out cases	1	15	16
Personal services	49	90	139
Employment	15	43	58
Psychoses of new cases:			
Traumatic psychoses	3	1	4
Senile psychoses	5	20	25
Psychoses with cerebral arteriosclerosis	3	11	14
General paralysis	12	5	17
Psychoses with cerebral syphilis	5	3	8
Psychoses with Huntington's chorea	—	—	—
Psychoses with brain tumor	—	—	—
Psychoses with other brain or nervous diseases	1	3	4
Alcoholic psychoses	20	11	31
Psychoses due to drugs and other exogenous toxins	—	3	3
Psychoses with pellagra	—	—	—
Psychoses with other somatic diseases	1	4	5
Manic-depressive psychoses	28	25	53
Involution melancholia	—	3	3
Dementia praecox	31	45	76
Paranoia or paranoid conditions	4	19	23
Epileptic psychoses	1	1	2
Psychoneuroses and neuroses	—	4	4
Psychoses with psychopathic personality	1	2	3
Psychoses with mental deficiency	11	9	20
Undiagnosed psychoses	8	8	16
Without psychosis	7	3	10
Social problems in all cases:			
School problems	—	—	355
Disease:			
Mental	—	—	159
Physical	—	—	34
Sex problems	—	—	4
Environmental problems:			
Financial	—	—	66
Employment	—	—	94
Unsuitable environment	—	—	31
Friction	—	—	46
Marital difficulties	—	—	6
Personality problems:			
Temperament	—	—	102
Anti-social habits	—	—	46
Vacillating interests	—	—	22
Educational problems:			
Readjustment of habits of mind	—	—	89
Recreation, — church, social relationships	—	—	42
Legal problems:			
Ex-service men	—	—	71
Family problems other than friction	—	—	93
Nature of service rendered in all cases:			
Medical:			
Information relating to medical history:			
Hospital cases	45	55	100
School clinic cases	190	165	355

Nature of service rendered in all cases — *Concluded.*

Medical — <i>Concluded.</i>		Males.	Females.	Totals.
Information relating to home		5	42	47
Information relating to O. P. D.		43	237	280
Arrangements for medical assistance		5	17	22
Social:				
Adjustment:				
Environment		—	—	90
Personal relations		—	—	110
In industry		—	—	47
In recreation		—	—	60
Advice:				
To relatives		—	—	118
To patients		—	—	140
To others		—	—	28
Family assistance and advice:				
Legal		—	—	82
Financial		—	—	25
Other		—	—	41
Personal services		—	—	192
Placement:				
Home		—	—	44
Industrial		—	—	35
Arrangement for further study		—	—	24
Connecting with agencies		—	—	71
Connecting with individuals		—	—	24
Total number of visits		939	1,885	2,824
To patients on ward		94	202	296
To patients on visit		149	667	816
To relatives and friends		347	605	952
To agencies		176	239	415
To others		173	172	345

A paper by Miss Donohoe describing the occupational therapy work carried on at Hopkinton was read at the National Conference on Social Work, at Washington, in May, 1923. The theses written by the two students who were here for nine months during the year were both accepted for publication in "Mental Hygiene," one having already appeared.

The authorized personnel of the social service department remains unchanged, — one head social service worker and two assistants. We also have the services of several students during nine months of the year. A larger number of workers, however, and higher salaries would enable the department to cover a wider field and do much more efficient work.

PATHOLOGICAL LABORATORY.

The routine work of the pathological laboratory may be summarized as follows:—

Autopsies, 74. Blood examinations: Cell count, red, 20; Cell count, white, 20; Cell count, differential, 19. Cerebrospinal fluid examinations, 110. Determination of sugar in spinal fluid, 31. Sputum examinations, 47. Urinalyses, 654. Wassermann reactions: Blood serum, 568; cerebrospinal fluid, 117. Neurosyphilis treatments, 195; Number of cases treated, 34.

For postmortem work we are indebted to Dr. Myrtelle M. Canavan, pathologist to the Department of Mental Diseases, who has done all the autopsies at the hospital since the resignation of Dr. Uyematsu in March, 1922.

The number of deaths in the hospital during the year was 248, of which 74 came to autopsy, making the autopsy percentage for the year 29.84.

The following shows the psychoses represented in cases coming to autopsy:—

Senile psychoses, 15; Psychoses with cerebral arteriosclerosis, 14; General paralysis, 17; Psychosis with brain tumor, 1; Psychoses with other brain or nervous diseases, 3; Alcoholic psychoses, 7; Psychoses with other somatic dis-

cases, 5; Manic-depressive psychoses, 4; Dementia praecox, 6; Psychoneurosis, 1; Epileptic psychosis, 1. Total, 74.

The causes of death of these cases are shown in the following:—

Abscess of kidney, 1; Arteriosclerosis, 3; Brain tumor, pituitary, 1; Bronchitis, acute, 1; Bronchitis, acute purulent, 2; Bronchopneumonia, 13; Carcinoma of pharynx, 1; Carcinoma of stomach, 2; Carcinomatosis, general, 1; Cholecystitis, chronic, 1; Cirrhosis of liver, 1; Cystitis, acute, 1; Empyema, 1; Endocarditis, acute purulent, 1; Endocarditis, chronic, 2; Exhaustion from manic-depressive psychosis, 1; General paralysis, 7; Hemorrhage into stomach, 1; Myocarditis, 5; Nephritis, chronic, 3; Nephritis, chronic interstitial, 5; Peritonitis, general, 3; Pleurisy with effusion, 1; Pneumonia, lobar, 7; Septicemia, 2; Tuberculosis of lungs, 7. Total, 74.

DENTISTRY.

Dr. Lawrence H. Stone, the resident dentist, has carried on the dental work of the hospital during the year, assisted for three months during the summer by a dental interne, Mr. Leif M. Nielssen. The following is a summary of the work of this department:—

Abscesses treated, 13; Bridges, 5; Cleanings, 2,022; Crowns, 3; Examinations, 1,578; Fillings, 1,405; Inlays, 6; Miscellaneous, 177; Plates, 14; Plates repaired, 2; Root canal treatments, 100; Roots extracted, 1,645; Teeth extracted, 1,736; Patients treated, 3,458.

HYDROTHERAPY.

Dr. Rebekah B. Wright, representing the Department of Mental Diseases, has devoted as much attention to this department as was possible, consistent with her other duties. During the year 5,785 packs and 1,879 continuous baths were given, making the average daily number of packs 15.85 and the average daily number of continuous baths 6.68.

TRAINING SCHOOL FOR NURSES.

The training school for nurses has completed its twenty-fourth year. There has been no change in the executive staff, the work of the school having been carried on, as in the preceding year, by the superintendent of nurses, Miss Mary Alice McMahon, R.N. The affiliation of our school with the Boston City Hospital training school has continued throughout the year and furnishes our pupils valuable instruction and training for twelve months in general hospital work. On Thursday evening, June 28th, the graduating exercises of the training school were held at the East Group chapel. Dr. George K. Pratt, Medical Director of the Massachusetts Society for Mental Hygiene, delivered the address of the evening, and the diplomas were presented by Mr. William F. Whittemore of the Board of Trustees. The graduating class included the following nurses: Agnes Winifred Bain, Enid Cordelia Fralic; Mary Ellen MacDaniel, Annabel MacLeod, Anna Jean Morang, Mary Irene Mumford, Gladys Helene Powers, Margaret Evangeline Wallace, and Nella Keefe Wallace. The junior class for 1923-24 consists of three, the intermediate class of one, and the senior class of six. One pupil is now receiving her instruction for the intermediate year at the Boston City Hospital. Fourteen graduates of our training school are now employed in the wards of the institution. There is continued difficulty in maintaining successful training schools for nurses in the State hospitals. This is doubtless due to the fact that the work of a nurse in caring for psychiatric cases is more difficult in many ways than that of nurses in the general hospitals. The instruction of employees who are to care for the patients in our wards is one of the most important objects of nurses' training schools, although it is desirable to graduate nurses who are qualified to care for psychiatric cases in the community. Unfortunately, however, we are unable to retain our graduates, who, as a rule, leave almost immediately on completion of their course of instruction to accept much more remunerative positions in other services, or to take up general nursing, which offers much greater financial rewards. We must have more graduate nurses if the standards of our hospitals are to be maintained. To accomplish this, it will be necessary to offer a higher rate of pay to graduate and charge nurses, although there has been an increase during the

year. The systematic instruction of attendants, both male and female, is being carried on along the lines prescribed by the committee on training schools, representing the Department of Mental Diseases.

OCCUPATIONS AND INDUSTRIES.

Under the direction of Miss Frances E. Wood, the occupational work of the institution has continued to increase in extent, 1,069 different patients having come under the supervision of this department during the year. Of this number 42 were found to be unfit for work in the department, 21 died, 143 improved enough to be allowed to go home, 16 were sent to other hospitals, and 62 were benefited sufficiently to be capable of working in other departments. The average daily number occupied in the male wards was 70, and in the female wards, 178, making a total average daily number of 248. The highest number occupied on any one day was 764. At the present time we have three occupational therapists on duty at the West Group and one at the East Group, in addition to the head of the department. On October 31st one occupational therapist resigned to accept the position of head occupational therapist in a State hospital in Michigan. During the year nine students from the Boston School of Occupational Therapy have spent one month each at the hospital for practical experience. Eight pupil nurses from the training school have also been given instruction during the year, and at the present time three attendants are assigned to the department for duty. It is hoped that several more occupational therapists may be authorized in order that the work may be carried on more efficiently and a greater number of patients reached. It is difficult to secure occupational therapists at the rate of pay allowed, as other States offer better inducements. A systematic attempt has been made to interest in occupation of some kind as many patients in the wards as can be employed under existing circumstances, and who are unable, for any reason, to go to the industrial room. Occupational work has been carried on during the year in buildings A, B, C, D, E and F in the East Group, and buildings A, B, C, D, F and G in the West Group. This consists of basketry, rug making, weaving, lace making, embroidery, knitting, crocheting, sewing, mending, furniture repairing, woodwork, simple bookbinding, tin work, cord work and drawing. During the year a new class for women has been started in a room in the West B basement, accommodating from thirty to forty. New classes have also been established on the male wards. The quality of work done by the patients has improved materially during the year, as has also their attitude towards helpful occupations. A year ago patients came to the class-room with reluctance; now those who come urge others to ask for assignment. Though the articles made are often of no intrinsic value, the patients are much benefited by the encouragement of a return of self confidence, self control and new and helpful interest. In a few cases it has been possible to teach new crafts to men who could use them as a means of livelihood upon their discharge from the hospital. The work with deteriorated cases has given very gratifying results, the patients having progressed noticeably in every way, and a greater number now being occupied. A few of these are able to leave the ward to go to the class-room, and most of them take more interest in their personal appearance. We have accomplished during the year all that can be done with the limited number of occupational instructors available. A class in calisthenics would be desirable and would doubtless open the way for greater interest and the accomplishment of more handicraft work. With additional assistants the work can be more systematically done, of much more benefit to a greater number of patients, and of real assistance to the hospital, in that the work of nurses and attendants would be decreased, destruction still more diminished and a higher grade of occupational work developed. The estimated value of articles produced in the wards during the year was \$700.00.

The "occupational therapy center for mental patients," at Hopkinton, established under the direction of Miss Marie L. Donohoe, head social worker, during the summer of 1922, and made possible by private contributions, has continued its work throughout the year. Fifteen different patients have been given convalescent care, their residence at the center extending from ten days in some cases to over a year in others. With two exceptions, these patients have all shown

marked improvement, some of them having recovered sufficiently to take their places in the community and live normal, helpful lives. Several of them have been enabled to return to their homes, and, while not entirely recovered, are doing well, and improving continually. The atmosphere at the center is that of a large family, each patient there sharing in the home duties. An occupational instructor is employed at the center one day each week, and the work is all graded according to the abilities of the individual patients, ranging from the simplest sewing to the highest type of skilled handiwork. The therapeutic aspect of the work is not lost sight of in the effort to produce articles of real commercial value and the attempt to render the center partly self-supporting. During 1923 nearly \$800 worth of the work of patients at the center has been sold, this representing the amount paid to the patients after deducting the cost of the materials. There is a very real need for just the sort of care and occupational interest that can be provided for patients in centers of the type described, but the hospital can only make a beginning at the present time. Repeatedly, cases are referred to the Social Service Department for readjustment in the community, and many times the homes to which these patients must necessarily return are such as to render improvement or recovery impossible. In cases of this kind the convalescent center, with its help to readjustment through occupation, is of great value. It is hoped that the center at Hopkinton may demonstrate its benefit to patients to such an extent that with greater facilities in the future other centers of this type may be established and the field covered may thus be considerably broadened.

Industrial work for women in the East Group, under the direction of Miss Hilda B. Young, consists of basketry, rug making, weaving, lace making, embroidery, knitting, crocheting, sewing, mending, etc. The estimated value of the articles made in the East Group industrial room during the year was \$5,431.50. Mr. James F. Hurley is in charge of the industrial work for men, which is carried on entirely in the basement of Building B in the West Group. This work includes shoe repairing and various other repair work, the manufacture of several different kinds of brushes, brooms, coat hangers, hats and numerous other articles. The value of articles produced during the year is estimated at \$10,140.86. The articles produced in the occupational and industrial departments of the hospital for the year represented a total valuation of \$16,272.36.

AGRICULTURAL ACTIVITIES FOR THE YEAR.

The work of the farm for the past year has been carried on under the direction of Mr. Lawrence J. Olsen. There was a total of 144 acres under cultivation. This consisted of 23 acres devoted to field crops and 28 to gardening, in addition to which there were 89 acres of meadowland and 4 of orchards and small fruits. The estimated value of farm products during the year was \$13,748.02.

FINANCIAL STATEMENT.

In accordance with the provisions of Chapter 126 of the Acts of 1923, the Legislature made an appropriation of \$15,000 for the construction of a superintendent's house.

The maintenance appropriation for the year was \$731,351.40. This was supplemented by an allotment of \$22,050, making a total of \$753,801.40. The maintenance expenditures of the hospital for the year were as follows:—

	Amount expended.	Per Capita.	Percentage of Total.
Personal services	\$312,432 13	\$147.788	41.49
Travel, transportation and office expenses	8,104 52	3.833	1.08
Food	185,403 94	87.701	24.62
Religious instruction	2,050 00	.969	.27
Clothing and materials	36,219 19	17.132	4.81
Furnishings and household supplies	47,586 33	22.509	6.32
Medical and general care	25,122 63	11.884	3.33
Heat, light and power	79,180 53	37.455	10.51
Farm and stable	6,292 86	2.979	.84
Grounds	9,545 77	4.515	1.27
Repairs, ordinary	18,490 15	8.746	2.46
Repairs and renewals	22,569 42	10.676	3.00
Total	\$752,997 47	\$356.187	100.00

Based on the average daily population of the hospital (2,114.05), the per capita cost of maintenance for the year was \$356.187, or \$6.849 per week. The per capita cost for the year 1922 was \$354.44, or \$6.816 per week. The cost of commodities in general continues to be higher than normal, and is a factor in keeping up the cost of maintenance. The large infirmary population of this hospital and the greater number of bed patients than in other institutions of this type is also a matter of importance. A considerable increase in the cost of maintenance is due to our lack of agricultural facilities and the absence of a dairy. The old buildings erected many years ago, made up of small units and consisting largely of single rooms, necessitate a larger number of ward employees and more supervision than would be required in buildings of another type where only custodial care is needed. No buildings designed exclusively for purely custodial patients in considerable numbers have ever been erected at this institution. The cost of maintaining the old buildings erected many years ago by the city of Boston has, of course, been very high.

GENERAL OPERATIONS FOR THE YEAR.

The addition to the power house, which was provided for by Chapter 129 of the Acts of 1922, as noted in the last annual report, was completed in September, 1922. During the month of January, 1923, the following equipment was installed: one 10" by 6" by 10" Duplex brine circulating pump, one 4½" by 2¾" by 4" Duplex brine mixing pump, one 12" by 9" by 14" tandem Worthington engine and Laidlaw ammonia compressor, 25 tons refrigeration, with feather valves; capacity of tank, 48 blocks per day, weight of block 100 lbs. This equipment makes a material addition to the capacity of our refrigerating plant and enables us to manufacture ice enough to supply the needs of the institution. This has become a matter of considerable importance, owing to the fact that we no longer are able to store any natural ice during the winter months as a result of the filling in of the pond in the East Group. The old refrigerating outfit now constitutes a very valuable reserve which can be used in emergency.

The new bakery building, located in the rear of the storehouse in the East Group, and completed in September, 1922, as noted in the annual report of last year, was not opened until August 13, 1923, owing to the difficulty in making provisions for an adequate supply of hard coal during the winter. The completion of this plant has placed at our disposal one of the best institution bakery buildings in New England.

The ceiling in Ward 1 of the East G Building, which has given us so much trouble for a number of years, was replaced by a new one during the month of January, 1923. The difficulty was due to the fact that the plaster was attached directly to the cement floor of the ward above and came off at very frequent intervals. To remedy this condition, it was necessary to cover the concrete surface of the ceiling with metal lath. The ward was repainted and refinished throughout after completion of the new ceiling.

Owing to the shortage of employees, several wards in the East Group were closed during a part of the year, the upper floor of the C Building remaining vacant until March, 1923.

A new six roll flatwork ironer was installed in the laundry during the winter and is now rendering excellent service. We have also added to the laundry equipment a new universal press and an extractor. Two drying tumblers and a drying cabinet, which were received late in the year, have not as yet been installed.

It was necessary in April, 1923, to reopen the dining room in Ward 3 of the East C Building, owing to the large number of patients who for various reasons were not able to go to the kitchen and dining room building.

The first floor of the East G Building was reoccupied during the same month, the repairs above mentioned having been completed at that time.

The Superintendent and Trustees of the Concord State Hospital, Concord, N. H., visited the hospital on Friday, May 11, 1923, and went through many of the buildings in both the East and West groups.

Representatives of the Department of Public Safety visited the hospital during the month of May, 1923, for the purpose of making an inspection of our means of fire protection and making recommendations relating to such changes as their investigation showed to be necessary.

During the month of April, 1923, the employees' club opened a store in the new clubhouse in the West Group. They have made arrangements to sell cigars, candy, tobacco, soft drinks, coffee, sausages, etc., to the employees of the hospital, as well as to visitors. The proceeds are, of course, to be devoted to the employees' club. This venture has proved to be a success financially as well as a great convenience to the many persons visiting the hospital daily.

Some progress has been made in grading on the site of the old pond in the East Group, as the result of donations of soil contributed by various building contractors. The shortage of employees, however, has materially interfered with the successful completion of this work and it will have to be finished during the coming year.

Chapter 126 of the Acts of 1923 rendered available the sum of \$15,000 for the construction of a Superintendent's house. The necessary excavations were completed during the month of June. The house will be located on Canterbury Street a short distance west of Morton Street. All of the labor involved is to be furnished by the regular employees of the hospital. It is expected that the house will be ready for occupancy some time during the summer of 1924. At the end of the year the framework was completed and the roof finished.

The work of painting the F Building in the West Group was completed during the summer months and the appearance of that building was very materially improved. It is a very attractive, as well as a very satisfactory building for patients of the infirmary type.

The annual field day exercises of the hospital were held on July fourth in the West Group field. The affair was unfortunately marred to a certain extent by rain, and it was necessary to give up the entertainment shortly after it started. The patients were removed to the West Group dining room building, where a luncheon was served during the afternoon which was thoroughly enjoyed by all.

The Superintendent represented the hospital at the annual meeting of the American Psychiatric Association, which was held in Detroit on June 19th to 22nd inclusive.

The nurses dining room in the West Group was painted for the first time during the summer.

The work of replacing the old wooden shingles in the A, E and F buildings of the East Group by asphalt shingles was completed during the month of July, 1923. This adds materially to the appearance of the buildings in this group, as well as constituting an additional source of protection from fire.

Some work was done during the summer in finishing part of the roadway leading from the East to the West group.

The maintenance appropriation for the current year included an item providing for the installation of window guards in the West G Building. The amount appropriated for this purpose was not adequate and should be supplemented during the coming year. Twenty-six outside guards were installed during the month of August, 1923, and twenty-two inside window screens were placed in position during the latter part of the summer.

Five continuous bath tubs of the J. L. Mott type were purchased during the summer and will be installed in the West A Building as soon as it becomes possible for our force of carpenters to do the remodeling of the building which will be necessary for that purpose. These baths will be available for use during the current year.

A meeting of the Norfolk District Medical Society was held at the hospital on Tuesday, October 30, 1923. The visiting physicians were taken through the West F Building and inspected the operating room, as well as the kitchen and dining room building in the West Group. They were also given a demonstration of occupational therapy in the West C Building. The following program was presented by the hospital staff:

1. The Importance of Psychiatry in the Practice of Medicine. By Dr. James V. May.
2. A Review of Several Cases of Interest to the General Practitioner. By Dr. Ermy C. Noble.
3. A Report on Thirteen Cases of Neurosyphilis Treated with Sulpharsphenamine. By Dr. Roy D. Halloran.

Owing to the unusual demand for the services of our carpenters, it was not possible for us to complete the remodeling of the administration building in the West Group during the year.

Considerable progress was made on the filling in of the site between Morton Street and the power house, storehouse, etc., in the East Group. It is to be hoped that this will be completed during the coming winter.

The usual visits were made during the year by the Executive Council, representatives of the Department of Mental Diseases, and the Legislative Committee on Public Institutions.

Attention should be called again to the desirability of acquiring the 150,000 square feet of land belonging to the Forest Hills Cemetery and located south of Canterbury Street, adjoining the West Group. This is the only part of the site bounded by Canterbury Street on the north, Harvard Street on the south, Morton Street on the east, and Walk Hill Street on the west that has not as yet been acquired by the State. The buildings on this land could be used to very good advantage and would facilitate the removal of the barns and other objectionable structures adjoining the administration building in the East Group. The desirability of acquiring this land was referred to by the joint special legislative committee on public institutions in their report of March, 1920, as shown in Senate Document No. 450.

Further reference should be made at this time to the Canterbury Branch of Stony Brook. Although the channel of this brook was cleaned out by the city several years ago, it is already overgrown with weeds and is as badly obstructed as ever. The brook not infrequently overflows its banks, and from 30 to 40 acres of hospital land have been covered with water at times. It occasionally gets into the steam conduits, and has flooded the pump room of the power house to a depth of a foot and a half. Such an overflow may at any time render it impossible to provide heat for the West Group, which now has a capacity of over 1,500 beds. This condition of affairs should be remedied as soon as possible. The conduit built by the city extends to the point where the brook enters the hospital property on Harvard Street. The brook runs through the grounds for a distance of approximately 4,500 feet. The conduit should be extended for at least 2,200 feet to the point where the hospital road crosses the brook in the West Group. This would reclaim 30 or 40 acres of valuable land, worth approximately \$260,000. The work of enclosing this brook as originally undertaken by the city is incomplete, and the present condition was intended only as a temporary arrangement. The joint special committee of the Legislature reporting on public institutions in 1920 referred to this as a serious matter requiring immediate attention.

NEEDS OF THE HOSPITAL FOR THE COMING YEAR.

The following items relating to construction deemed necessary for the coming year were submitted some time since to the Department of Mental Diseases:—

1. Administration Building and Staff Quarters	\$180,000
2. Extension to Sewer, Water and Steam Lines	13,000
3. Addition to Garage	4,200
4. Purchase of Additional Land	30,000
5. Concrete Pavement in front of Power House	10,000
6. Concrete Platform for Coal Storage	6,000
7. Cottage for Farm Employees	34,000
Total	<hr/> \$277,200

1. *Administration Building and Staff Quarters.*—The offices of the institution are now located in an old building purchased by the city of Boston about fifty years ago for use as an almshouse. This is a two and one-half story building constructed of wood throughout, contains numerous exposed electric wires, and has several wooden stairways running from the basement to the attic. This building is located within 50 yards of a large wooden barn containing hay, and is surrounded by other non-fireproof structures, the nearest being the chapel and a building occupied by patients. Its presence in this location is a serious menace,

and in case of fire would threaten the loss of the entire East Group. The building now houses over 50 employees, 30 of whom are living in the attic. The offices of the hospital should be in a central location. It is very inconvenient for relatives and friends of the patients to come from Walk Hill Street to the present administration building. The hospital has now reached a stage of development where an administration building is urgently needed. We do not propose to demolish the old wooden building now used for office purposes, but suggest removing it to other locations where it can be remodeled and used for housing employees, etc. In erecting an administration building we propose to provide additional accommodations for the staff on the second floor. Attention should be called to the fact that no new construction has ever been provided at the institution as yet for the exclusive use of the medical officers of the hospital.

2. *Extension to Sewer, Water and Steam Lines.* — When a new administration building is erected an extension to the sewer, water and steam lines of the institution will be necessary. Provision should be made for this at as early a moment as possible. When completed, this extension will also provide for several other buildings.

3. *Addition to Garage.* — No garage has ever been built for the hospital. We are using the old West Group boiler house, remodeled for this purpose, at the present time. It is, however, not large enough, and additional space is badly needed.

4. *Purchase of Additional Land.* — It has long been felt that it would be desirable for the hospital to acquire 150,000 square feet of land adjoining our property on the north. This would furnish a site for future barns and other out-buildings which has been needed for a great many years.

5. *Concrete Pavement in Front of Power House.* — There is a granite block pavement in front of the laundry at the present time. This is not laid in cement and will have to be taken up soon. When relaid, this should be extended to the front of the power house and carried as far as the storehouse. The heavy trucks now delivering coal to the power house render the installation of some kind of a serviceable pavement necessary. The cheapest pavement available will be concrete, at an estimated cost of \$10,000.

6. *Concrete Platform for Coal Storage.* — The recommendations of the consulting engineers representing the Department of Mental Diseases show that we should be able to take care of at least 6,000 tons of coal at one time. At present this is done by spreading the coal over a large space near the power house. This land is low and is frequently overflowed by water from the Canterbury Branch of Stony Brook. A considerable loss would be prevented by storing this coal on a cement platform (20,000 square feet).

7. *Cottage for Farm Employees.* — Attention has been called to the necessity of further provision for the housing of farm employees. The building now used for this purpose in the West Group is one which has been in constant use since 1904. It has been remodeled throughout on several occasions and cannot be repaired further to good advantage. The building inspectors of the district police have refused to certify it for occupancy, and it should be replaced at the earliest possible moment.

Respectfully submitted,

JAMES V. MAY, *Superintendent.*

Nov. 30, 1923.

VALUATION

NOVEMBER 30, 1923.

REAL ESTATE.

Land (233 acres)	\$576,680 00
Buildings	2,705,564 44

\$3,282,244 44

PERSONAL PROPERTY.

Travel, Transportation and Office Supplies	\$183 25
Food	13,375 14
Clothing and Materials	29,636 47
Furnishings and Household Supplies	197,407 73
Medical and General Care	3,545 09
Heat, Light and Power	31,653 50
Farm	13,093 20
Garage, Stable and Grounds	8,416 38
Repairs	13,593 86

\$310,904 62

SUMMARY.

Real Estate	\$3,282,244 44
Personal Property	310,904 62

\$3,593,149 06

TREASURER'S REPORT.

To the Commissioner of the Department of Mental Diseases.

I respectfully submit the following report of the finances of this institution for the fiscal year ending November 30, 1923.

CASH ACCOUNT.

Balance December 1, 1922	\$24,257 71
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Income.

Receipts.

Board of inmates:		
Private	\$30,829 43	
Reimbursements, insane	72,232 29	
		<u>\$103,061 72</u>

Personal services:

Reimbursement from Board of Retirement	214 97
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Sales:

Travel, transportation and office expenses	\$94 86	
Food	703 08	
Clothing and materials	44 90	
Furnishings and household supplies	68 19	
Medical and general care	40 25	
Heat, light and power	44 85	
Farm:		
Pigs and hogs	\$23 28	
Hay	50 00	
		<u>73 28</u>
Repairs, ordinary	31 00	
		<u>1,100 41</u>

Miscellaneous:

Interest on bank balances	\$702 27	
Interest on patients' funds	81 36	
		<u>783 63</u>

Other receipts:

Refunds of previous year	105,160 73	
		<u>41 03</u>

Receipts from Treasury of Commonwealth.

Maintenance appropriations:

Balance of 1922	\$17,962 49	
Approved schedules of 1923 (\$752,997.47 less \$18,768.07 paid direct by State Treasurer)	734,229 40	
		<u>752,191 89</u>

Special appropriations:

Balance of 1922	\$6,180 34	
Approved schedules of 1923 (\$42,136.43 less \$1,002.40)	41,134 03	
		<u>47,314 37</u>

Total \$928,965 73

Payments.

To treasury of Commonwealth:

Institution income	\$105,160 73	
Refunds of previous year	41 03	
		<u>\$105,201 76</u>

Maintenance appropriations:

Balance of schedules of previous year (Nov. sch., \$73,362.49; less adv., \$31,142.29)	\$42,220 20	
Approved schedules of 1923	\$752,997 47	
Less paid direct by State Treasurer	18,768 07	
		<u>734,229 40</u>
		<u>776,449 60</u>

Special appropriations:

Balance of schedules of previous year		\$6,180 34	
Approved schedules of 1923	\$42,136 43		
Less paid by State Treasurer	1,002 40		
		<u>41,134 03</u>	\$47,314 37
Total			\$928,965 73

MAINTENANCE.

Balance from previous year, brought forward		\$16 87	
Appropriation, current year, \$731,334.53; transfer from maint. of Inst. approp., \$22,450.00		753,784 53	
Total			\$753,801 40
Expenses (as analyzed below)			752,997 47
Balance reverting to treasury of Commonwealth			\$803 93

Analysis of Expenses.

Personal services		\$312,432 13	
Religious instruction		2,050 00	
Travel, transportation and office expenses		8,104 52	
Food		185,403 94	
Clothing and materials		36,219 19	
Furnishings and household supplies		47,586 33	
Medical and general care		25,122 63	
Heat, light and power		79,180 53	
Farm		6,292 86	
Garage, stable and grounds		9,545 77	
Repairs, ordinary		18,490 15	
Repairs and renewals		22,569 42	
Total expenses for maintenance			\$752,997 47

SPECIAL APPROPRIATIONS.

Balance December 1, 1922		\$42,110 39	
Appropriations for current year		15,000 00	
Total			\$57,110 39
Expended during the year (see statement below)	\$42,136 43		
Reverting to treasury of Commonwealth	2,589 77		
		<u>44,726 20</u>	
Balance November 30, 1923, carried to next year			\$12,384 19

OBJECT.	Act or Resolve.	Whole Amount.	Expended during Fiscal Year.	Total expended to Date.	Balance at End of Year.
Male Infirmary	50 — 1918 629 — 1920 203 — 1921 211 — 1919	\$404,595 80	\$2,296 51	\$402,915 11	\$1,680 69*
Home for 80 Nurses	225 — 1920 629 — 1920 203 — 1921 211 — 1919	152,700 00	1,459 92	152,690 47	9 53*
Dining Room, East Group	629 — 1920 211 — 1919	152,000 00	—	150,579 32	1,420 68
Dining Room, West Group	225 — 1920 629 — 1920 203 — 1921	224,100 00	897 35	223,983 39	116 61*
Laundry	203 — 1921	15,000 00	10,365 00	14,926 98	73 02*
Sewer Line	203 — 1921	5,000 00	242 55	4,290 08	709 92*
Veranda C	129 — 1922	8,000 00	1,237 80	7,991 90	8 10*
Veranda G	129 — 1922	5,000 00	772 07	4,881 07	118 93
Addition to Bakery	129 — 1922	36,000 00	4,323 18	35,977 55	22 45
Addition to Refrigerating Rm.	129 — 1922	23,000 00	15,262 58	21,906 50	1,093 50
Superintendent's House	123 — 1923	15,000 00	5,279 47	5,279 47	9,720 53
		\$1,040,395 80	\$42,136 43	\$1,025,421 84	\$14,973 96

*Balance reverting to treasury of the Commonwealth \$2,589 77
 Balance carried to next year 12,384 19

Total as above \$14,973 96

PER CAPITA.

During the year the average number of inmates has been 2,114.05.

Total cost for maintenance, \$752,997.47.

Equal to a weekly per capita cost of \$6.8497+.

Receipt from sales, \$1,100.41.

Equal to a weekly per capita of \$0.01.

All other institution receipts, \$104,060.32.

Equal to a weekly per capita of \$0.9466.

Net weekly per capita, \$5.8931.

Respectfully submitted,

ADELINE J. LEARY,
 Treasurer.

Examined and found correct as compared with the records in the office of the Comptroller.

JAMES C. McCORMICK,
 Comptroller.

STATISTICAL TABLES

AS ADOPTED BY THE AMERICAN PSYCHIATRIC ASSOCIATION.

PRESCRIBED BY MASSACHUSETTS DEPARTMENT OF MENTAL DISEASES.

TABLE 1. — *General Information.*

1. Date of opening as an institution for the insane: Dec. 11, 1839.	
2. Type of institution: State since Dec. 1, 1908.	
3. Hospital plant:	
Value of hospital property:	
Real estate including buildings	\$3,282,244 44
Personal property	310,904 62
Total	\$3,593,149 06
Total acreage of hospital property owned, 233.	
Additional acreage rented, none.	
Total acreage under cultivation during previous year, 144.	

	ACTUALLY IN SERVICE AT END OF YEAR.			VACANCIES AT END OF YEAR.		
	M.	F.	T.	M.	F.	T.
4. Officers and employees:						
Superintendents	1	—	1	—	—	—
Asst. Superintendent	1	—	1	—	—	—
Assistant physicians	6	3½	9½	2	½	2½
Pathologist	—	—	—	1	—	1
Medical internes	—	—	—	—	—	—
Clinical assistants	—	—	—	—	—	—
Total physicians	8	3½	11½	3	½	3½
Stewards	1	—	1	—	—	—
Resident dentists	—	17	17	—	—	—
Graduate nurses	—	4	4	24	28	52
Other nurses and attendants	90	101	191	—	1	1
Teachers of occupational therapy	—	3	3	—	—	—
Social workers	—	4	4	—	—	—
All other officers and employees	82	74	156	3¼	—	3¼
Total officers and employees	182	202½	384½	30¼	29½	59¾

	ACTUALLY IN INSTITUTION.			ABSENT FROM INSTI- TUTION BUT STILL ON BOOKS.		
	M.	F.	T.	M.	F.	T.
5. Census of patient population at end of year:						
White:						
Insane	898	1,181	2,079	140	214	354
Epileptics	—	—	—	—	—	—
Mental defectives	—	—	—	—	—	—
Alcoholics	—	—	—	—	—	—
Drug addicts	—	—	—	—	—	—
Neurosyphilitics (without psychosis)	—	—	—	—	—	—
All other cases	—	—	—	—	—	—
Total	898	1,181	2,079	140	214	354
Colored:						
Insane	7	18	25	1	3	4
Epileptics	—	—	—	—	—	—
Mental defectives	—	—	—	—	—	—
Alcoholics	—	—	—	—	—	—
Drug addicts	—	—	—	—	—	—
Neurosyphilitics (without psychosis)	—	—	—	—	—	—
All other cases	—	—	—	—	—	—
Total	7	18	25	1	3	4
Grand total	905	1,199	2,104	141	217	358

	M.	F.	T.
6. Patients employed in industrial classes or in general hospital work on date of report	542	529	1,071
7. Average daily number of all patients actually in institution during year	909.74	1,180.01	2,089.75
8. Voluntary patients admitted during year	—	—	—
9. Persons given advice or treatment in out patient clinics during year	—	—	—

TABLE 2. — *Financial Statement.*

See treasurer's report for data requested under this table.

TABLE 3. — *Movement of Population for the Year ending September 30, 1923.*

	INSANE.			TEMPORARY CARE.			TOTAL.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Patients on books at beginning of institution year	1,020	1,329	2,349	2	—	2	1,022	1,329	2,351
Admissions during the year:									
First admissions (including 1 man committed from temporary care of the preceding year)	200	247	447	9	4	13	209	251	460
Readmissions	56	76	132	9	12	21	65	88	153
Transferred from other institutions for mental diseases	11	32	43	—	—	—	11	32	43
Total received during the year	267	355	622	18	16	34	285	371	656
Total under treatment during the year	1,287	1,684	2,971	20	16	36	1,307	1,700	3,007
Discharged from books during the year:									
As recovered	22	19	41	—	4	4	22	23	45
As unimproved	42	75	117	1	1	2	43	76	119
As without psychosis	20	17	37	6	4	10	26	21	47
Died during the year	2	1	3	8	5	13	10	6	16
Transferred to other institutions for mental diseases	124	123	247	1	—	1	125	123	248
Committed from temporary care	34	35	69	1	—	1	34	35	69
Total discharged and died	—	—	—	1	—	1	1	—	1
Patient's remaining on books at end of institution year	244	270	514	17	14	31	261	284	545
	1,043	1,414	2,457	3	2	5	1,046	1,416	2,462

TABLE 4. — *Nativity of First Admissions and of Parents of First Admissions for the Year ending Sept. 30, 1923.*

NATIVITY.	PATIENTS.			PARENTS OF MALE PATIENTS.			PARENTS OF FEMALE PATIENTS.		
	M.	F.	T.	F. ¹	M. ²	Both	F. ¹	M. ²	Both
United States	108	107	215	41	37	34	47	42	40
Austria	4	2	6	5	5	5	1	2	1
Belgium	—	—	—	—	1	—	—	—	—
Canada ³	16	27	43	12	14	8	20	24	20
China	—	1	1	—	—	—	1	1	1
England	2	4	6	3	2	2	6	6	4
France	—	—	—	—	—	—	—	—	—
Germany	—	4	4	2	—	—	5	6	5
Greece	2	—	2	2	2	2	—	—	—
Holland	—	—	—	1	—	—	—	—	—
Ireland	28	60	88	60	64	56	87	89	85
Italy	17	17	34	16	16	16	18	17	17
Norway	2	2	4	2	2	2	2	2	2
Poland	4	5	9	2	2	2	4	4	4
Portugal	3	—	3	2	2	2	—	—	—
Roumania	—	—	—	—	—	—	1	1	1
Russia	7	7	14	8	8	7	8	8	8
Scotland	1	3	4	2	1	1	3	3	2
Spain	—	1	1	—	—	—	1	1	1
Sweden	4	5	9	4	4	4	6	6	6
Turkey in Asia	2	2	4	1	1	1	2	2	2
Unascertained	—	—	—	37	39	35	34	33	31
Total	200	247	447	200	200	177	247	247	230

¹ Fathers.² Mothers.³ Includes Newfoundland.TABLE 5. — *Citizenship of First Admissions for the Year ending Sept. 30, 1923.*

	M.	F.	T.
Citizens by birth	108	107	215
Citizens by naturalization	35	48	83
Aliens	32	57	89
Citizenship unascertained	25	57	60
Total	200	247	447

TABLE 6. — *Psychoses of First Admissions for the Year ending Sept. 30, 1923.*

PSYCHOSES.	M.	F.	T.	M.	F.	T.
1. Traumatic	—	—	—	4	—	4
2. Senile, total	—	—	—	18	42	60
Simple deterioration	17	16	33	—	—	—
Presbyophrenic type	—	1	1	—	—	—
Delirious and confused states	—	1	1	—	—	—
Depressed and agitated states in addition to deterioration	—	3	3	—	—	—
Paranoid states in addition to deterioration	—	20	20	—	—	—
Presenile types	1	1	2	—	—	—
3. With cerebral arteriosclerosis	—	—	—	27	43	70
4. General paralysis	—	—	—	36	10	46
5. With cerebral syphilis	—	—	—	3	2	5
6. With Huntington's chorea	—	—	—	—	—	—
7. With brain tumor	—	—	—	—	1	1
8. With other brain or nervous diseases, total	—	—	—	2	4	6
Other diseases	2	4	6	—	—	—
9. Alcoholic, total	—	—	—	23	11	34
Pathological intoxication	1	—	1	—	—	—
Delirium tremens	1	—	1	—	—	—
Acute hallucinosis	13	2	15	—	—	—
Acute paranoid type	—	1	1	—	—	—
Korsakow's psychosis	1	1	2	—	—	—
Chronic hallucinosis	2	—	2	—	—	—
Chronic paranoid type	1	1	2	—	—	—
Alcoholic deterioration	3	6	9	—	—	—
Other types, acute or chronic	1	—	1	—	—	—

TABLE 6. — *Psychoses of First Admissions for the Year ending Sept. 30, 1923 — Concluded.*

PSYCHOSES.	M.			F.			T.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
10. Due to drugs and other exogenous toxins, total	.	.	.	-	3	3			
Opium (and derivatives), cocaine, bromides, chloral, etc., alone or combined	-	3	3						
11. With pellagra	.	.	.	-	-	-			
12. With other somatic diseases, total	.	.	.	11	13	24			
Exhaustion delirium	1	5	6						
Delirium of unknown origin	1	-	1						
Cardio-renal diseases	2	-	2						
Other diseases or conditions	7	8	15						
13. Manic-depressive psychoses, total	.	.	.	12	33	45			
Manic type	6	16	22						
Depressive type	6	14	20						
Stupor	-	2	2						
Mixed type	-	1	1						
14. Involution melancholia	.	.	.	5	5	10			
15. Dementia praecox, total	.	.	.	41	38	79			
Paranoid type	20	24	44						
Catatonic type	8	6	14						
Hebephrenic type	9	5	14						
Simple type	4	3	7						
16. Paranoia or paranoid conditions	.	.	.	5	26	31			
17. Epileptic psychoses, total	.	.	.	3	1	4			
Deterioration	2	-	2						
Clouded states	1	1	2						
18. Psychoneuroses and neuroses, total	.	.	.	1	1	2			
Psychasthenic type (anxiety and obsessive forms)	1	-	1						
Neurasthenic type	-	1	1						
19. With psychopathic personality	.	.	.	-	4	4			
20. With mental deficiency	.	.	.	6	3	9			
21. Undiagnosed psychoses	.	.	.	2	5	7			
22. Without psychosis, total	.	.	.	1	2	3			
Mental deficiency without psychosis	1	2	3						
Others	-	-	-						
Total	200	247	447						

TABLE 7. — *Race of First Admissions classified with Reference to Principal Psychoses for the Year ending September 30, 1923.*

RACE.	TOTAL.			TRAUMATIC.			SENILE.			WITH CEREBRAL ARTERIO-SCLEROSIS.			GENERAL PARALYSIS.			WITH CEREBRAL SYPHILIS.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
African (black)	8	19	27	-	-	-	-	4	4	1	6	7	2	2	4	1	-	1
Chinese	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Dutch and Flemish	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
English	8	31	39	1	-	1	-	2	2	-	2	2	1	2	3	-	-	-
French	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
German	1	4	5	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-
Greek	2	-	2	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-
Hebrew	16	10	26	-	-	-	-	1	1	-	-	-	4	-	4	-	-	-
Irish	67	97	164	2	-	2	10	14	24	9	19	28	5	2	7	1	1	2
Italian ¹	17	19	36	-	-	-	-	1	3	4	1	3	4	1	5	-	-	-
Lithuanian	4	4	8	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Magyar	1	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Portuguese	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Scandinavian ²	6	8	14	-	-	-	-	1	1	2	-	2	1	-	1	-	-	-
Scotch	2	5	7	-	-	-	1	2	3	-	-	-	1	1	2	-	-	-
Slavonic ³	1	2	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Spanish	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Syrian	2	2	4	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-
Mixed	50	28	78	1	-	1	5	7	12	12	8	20	13	1	14	1	1	2
Race unascertained	12	15	27	-	-	-	1	8	9	2	4	6	3	1	4	-	-	-
Total	200	247	447	4	-	4	18	42	60	27	43	70	36	10	46	3	2	5

¹ Includes "North" and "South".² Norwegians, Danes and Swedes.³ Includes Bohemian, Bosnian, Croatian, Dalmatian, Herzegovinian, Montenegrin, Moravian, Polish, Russian, Ruthenian, Servian, Slovak, Slovenian.

TABLE 7. — *Race of First Admissions classified with Reference to Principal Psychoses for the Year ending September 30, 1923 — Continued.*

RACE.	WITH HUNTING-TON'S CHOREA.			WITH BRAIN TUMOR.			WITH OTHER BRAIN OR NERVOUS DISEASES.			ALCOHOLIC.			DUE TO DRUGS AND OTHER EXOGENOUS TOXINS.			WITH PELLAGRA.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
African (black)	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-
Chinese	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Dutch and Flemish	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
English	-	-	-	-	-	-	-	-	-	2	-	2	-	2	2	-	-	-
French	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
German	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Greek	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Hebrew	-	-	-	-	-	-	1	1	2	-	-	-	-	-	-	-	-	-
Irish	-	-	-	-	-	-	1	2	3	11	10	21	-	-	-	-	-	-
Italian ¹	-	-	-	-	-	-	2	1	3	2	-	2	-	-	-	-	-	-
Lithuanian	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-
Magyar	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Portuguese	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Scandinavian ²	-	-	-	-	1	1	-	-	-	1	-	1	-	-	-	-	-	-
Scotch	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Slavonic ³	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Spanish	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Syrian	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mixed	-	-	-	-	-	-	-	-	-	4	1	5	-	1	1	-	-	-
Race unascertained	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-
Total	-	-	-	-	1	1	2	4	6	23	11	34	-	3	3	-	-	-

¹ Includes "North" and "South".² Norwegians, Danes and Swedes.³ Includes Bohemian, Bosnian, Croatian, Dalmatian, Herzegovinian, Montenegrin, Moravian, Polish, Russian, Ruthenian, Servian, Slovak, Slovenian.TABLE 7. — *Race of First Admissions classified with Reference to Principal Psychoses for the Year ending September 30, 1923 — Continued.*

RACE.	WITH OTHER SOMATIC DISEASES.			MANIC-DEPRESSIVE.			INVOLUTION MELANCHOLIA.			DEMENTIA PRAECOX.			PARANOIA OR PARANOID CONDITIONS.			EPILEPTIC PSYCHOSES.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
African (black)	2	1	3	-	1	1	-	-	-	1	2	3	-	3	3	-	-	-
Chinese	-	-	-	-	1	1	-	-	-	1	-	1	-	-	-	-	-	-
Dutch and Flemish	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
English	1	6	7	1	5	6	1	1	2	-	8	8	-	2	2	-	-	-
French	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-
German	-	1	1	-	1	1	-	2	2	-	-	-	-	-	-	-	-	-
Greek	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-
Hebrew	1	1	2	2	2	4	-	-	-	7	1	8	-	1	1	-	-	-
Irish	2	3	5	3	11	14	2	2	4	13	15	28	3	13	16	1	1	1
Italian ¹	1	-	1	2	4	6	-	-	-	3	3	6	-	3	3	2	-	2
Lithuanian	-	-	-	-	-	-	1	-	1	2	2	4	-	1	1	-	-	-
Magyar	1	-	1	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-
Portuguese	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Scandinavian ²	-	1	1	1	2	3	-	-	-	2	2	-	1	-	1	-	-	-
Scotch	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-
Slavonic ³	-	-	-	-	1	1	-	-	-	1	1	2	-	-	-	-	-	-
Spanish	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-
Syrian	-	-	-	1	-	1	-	-	-	1	1	2	-	-	-	-	-	-
Mixed	2	-	2	1	1	2	1	-	1	7	2	9	1	3	4	1	-	1
Race unascertained	1	-	1	1	2	3	-	-	-	3	-	3	-	-	-	-	-	-
Total	11	13	24	12	33	45	5	5	10	41	38	79	5	26	31	3	1	4

¹ Includes "North" and "South".² Norwegians, Danes and Swedes.³ Includes Bohemian, Bosnian, Croatian, Dalmatian, Herzegovinian, Montenegrin, Moravian, Polish, Russian, Ruthenian, Servian, Slovak, Slovenian.

TABLE 7. — *Race of First Admissions classified with Reference to Principal Psychoses for the Year ending September 30, 1923 — Concluded.*

RACE.	PSYCHO-NEUROSSES AND NEUROSSES.			WITH PSYCHOPATHIC PERSONALITY.			WITH MENTAL DEFICIENCY.			UNDIAGNOSED PSYCHOSES.			WITHOUT PSYCHOSIS.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
African (black)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Chinese	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Dutch and Flemish	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
English	-	-	-	-	1	1	1	-	1	-	-	-	-	-	-
French	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
German	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Greek	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Hebrew	-	-	-	-	-	-	1	1	2	-	1	1	-	1	1
Irish	1	-	1	-	1	1	3	1	4	1	2	3	-	-	-
Italian ¹	-	-	-	-	-	-	1	-	1	-	-	-	-	1	1
Lithuanian	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-
Magyar	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Portuguese	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-
Scandinavian ²	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-
Scotch	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-
Slavonic ³	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Spanish	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Syrian	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mixed	-	1	1	-	-	-	-	1	1	-	1	1	1	-	1
Race unascertained	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	1	1	2	-	4	4	6	3	9	2	5	7	1	2	3

¹ Includes "North" and "South".² Norwegians, Danes and Swedes.³ Includes Bohemian, Bosnian, Croatian, Dalmatian, Herzegovinian, Montenegrin, Moravian, Polish, Russian, Ruthenian, Servian, Slovak, Slovenian.TABLE 8. — *Age of First Admissions classified with Reference to Principal Psychoses for the Year ending September 30, 1923.*

PSYCHOSES.	TOTAL.			UNDER 15 YEARS.			15-19 YEARS.			20-24 YEARS.			25-29 YEARS.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic	4	-	4	-	-	-	-	-	-	-	-	-	1	-	1
2. Senile	18	42	60	-	-	-	-	-	-	-	-	-	-	-	-
3. With cerebral arteriosclerosis	27	43	70	-	-	-	-	-	-	-	-	-	-	1	1
4. General paralysis	36	10	46	-	-	-	-	-	-	-	-	-	2	-	2
5. With cerebral syphilis	3	2	5	-	-	-	-	-	-	1	-	1	-	-	-
6. With Huntington's chorea	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
7. With brain tumor	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-
8. With other brain or nervous diseases	2	4	6	-	-	-	-	-	-	-	-	-	-	-	-
9. Alcoholic	23	11	34	-	-	-	-	-	-	1	-	1	1	-	1
10. Due to drugs and other exogenous toxins	-	3	3	-	-	-	-	-	-	-	-	-	-	-	-
11. With pellagra	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
12. With other somatic diseases	11	13	24	-	-	-	-	-	-	-	-	-	1	2	3
13. Manic-depressive	12	33	45	-	-	-	2	4	6	-	4	4	2	6	8
14. Involution melancholia	5	5	10	-	-	-	-	-	-	-	-	-	-	-	-
15. Dementia praecox	41	38	79	-	-	-	3	1	4	9	1	10	8	4	12
16. Paranoia or paranoid conditions	5	26	31	-	-	-	-	-	-	-	-	-	-	-	-
17. Epileptic psychoses	3	1	4	-	-	-	-	-	-	-	-	-	-	-	-
18. Psychoneuroses and neuroses	1	1	2	-	-	-	-	-	-	-	-	-	-	-	-
19. With psychopathic personality	-	4	4	-	-	-	-	-	-	-	-	-	-	-	-
20. With mental deficiency	6	3	9	-	-	-	1	1	2	-	2	1	1	1	2
21. Undiagnosed psychoses	2	5	7	-	-	-	-	-	-	1	1	2	-	-	-
22. Without psychosis	1	2	3	-	-	-	-	-	-	-	1	1	1	-	1
Total	200	247	447	-	-	-	5	6	11	14	7	21	17	14	31

TABLE 8. — *Age of First Admissions classified with Reference to Principal Psychoses for the Year ending September 30, 1923 — Continued.*

PSYCHOSES.	30-34 YEARS.			35-39 YEARS.			40-44 YEARS.			45-49 YEARS.			50-54 YEARS.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-
2. Senile	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-
3. With cerebral arteriosclerosis	-	-	-	-	1	1	-	-	-	1	-	1	2	4	6
4. General paralysis	1	-	1	7	1	8	5	3	8	7	1	8	4	2	6
5. With cerebral syphilis	-	-	-	-	-	-	2	-	2	-	-	-	-	1	1
6. With Huntington's chorea	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
7. With brain tumor	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8. With other brain or nervous diseases	-	-	-	-	-	-	-	-	-	1	1	2	-	1	1
9. Alcoholic	3	2	5	2	-	2	6	3	9	1	4	5	6	-	6
10. Due to drugs and other exogenous toxins	-	1	1	-	-	-	-	1	1	-	-	-	-	-	-
11. With pellagra	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
12. With other somatic diseases	-	3	3	-	5	5	1	-	1	-	1	1	-	-	-
13. Manic-depressive	-	5	5	3	2	5	-	5	5	2	3	5	1	2	3
14. Involution melancholia	-	-	-	-	-	-	1	-	1	1	2	3	-	2	2
15. Dementia praecox	9	8	17	8	10	18	1	5	6	-	4	4	2	2	4
16. Paranoia or paranoid conditions	-	-	-	3	3	-	6	6	2	4	6	2	6	8	-
17. Epileptic psychoses	-	-	-	-	-	-	2	-	2	-	-	-	1	-	1
18. Psychoneuroses and neuroses	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-
19. With psychopathic personality	-	-	-	1	1	-	1	1	-	-	-	-	2	2	-
20. With mental deficiency	-	1	1	1	-	1	-	-	1	-	1	1	1	-	1
21. Undiagnosed psychoses	-	-	-	1	1	-	1	1	-	1	1	1	1	-	1
22. Without psychosis	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-
Total	13	20	33	21	24	45	18	26	44	18	21	39	20	22	42

TABLE 8. — *Age of First Admissions classified with Reference to Principal Psychoses for the Year ending September 30, 1923 — Concluded.*

PSYCHOSES.	55-59 YEARS.			60-64 YEARS.			65-69 YEARS.			70 YEARS AND OVER.			UNASCERTAINED.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic	-	-	-	1	-	1	1	-	1	-	-	-	-	-	-
2. Senile	1	2	3	1	1	2	3	7	10	13	32	45	-	-	-
3. With cerebral arteriosclerosis	3	2	5	4	6	10	8	6	14	9	23	32	-	-	-
4. General paralysis	5	1	6	4	1	5	-	1	1	1	-	1	-	-	-
5. With cerebral syphilis	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-
6. With Huntington's chorea	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
7. With brain tumor	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-
8. With other brain or nervous diseases	-	1	1	-	-	-	-	-	-	1	1	2	-	-	-
9. Alcoholic	2	2	4	1	-	1	-	-	-	-	-	-	-	-	-
10. Due to drugs and other exogenous toxins	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-
11. With pellagra	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
12. With other somatic diseases	3	1	4	1	1	2	1	-	1	4	-	4	-	-	-
13. Manic-depressive	1	1	2	1	-	1	-	1	1	-	-	-	-	-	-
14. Involution melancholia	2	1	3	1	-	1	-	-	-	-	-	-	-	-	-
15. Dementia praecox	-	1	1	1	2	3	-	-	-	-	-	-	-	-	-
16. Paranoia or paranoid conditions	1	3	4	-	3	3	1	1	-	-	-	-	-	-	-
17. Epileptic psychoses	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-
18. Psychoneuroses and neuroses	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-
19. With psychopathic personality	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
20. With mental deficiency	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
21. Undiagnosed psychoses	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-
22. Without psychosis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	18	17	35	15	16	31	13	17	30	28	57	85	-	-	-

TABLE 9. — Degree of Education of First Admissions classified with Reference to Principal Psychoses for the Year ending September 30, 1923.

PSYCHOSES.	TOTAL.			ILLITERATE.			READS AND WRITES.			COMMON SCHOOL.			HIGH SCHOOL.			COLLEGE.			UNASCERTAINED.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic	4	—	4	—	—	—	—	—	—	4	—	4	—	—	—	—	—	—	—	—	—
2. Senile	18	42	60	1	10	11	—	—	—	—	9	29	—	—	—	—	—	—	—	—	—
3. With cerebral arteriosclerosis	27	43	70	2	12	14	—	—	—	21	16	37	—	—	—	—	—	—	—	—	—
4. General paralysis	36	10	46	1	1	2	—	—	—	23	7	30	—	—	—	—	—	—	—	—	—
5. With cerebral syphilis	3	2	5	—	—	—	—	—	—	3	2	5	—	—	—	—	—	—	—	—	—
6. With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7. With brain tumor	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8. With other brain or nervous diseases	2	4	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9. Alcoholic	23	11	34	2	2	4	—	—	—	11	7	18	—	—	—	—	—	—	—	—	—
10. Due to drugs and other exogenous toxins	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
11. With pellagra	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12. With other somatic diseases	11	13	24	—	—	—	—	—	—	—	5	8	—	—	—	—	—	—	—	—	—
13. Manic-depressive	12	33	45	1	1	2	—	—	—	21	27	48	—	—	—	—	—	—	—	—	—
14. Involution melancholia	5	5	10	—	—	—	—	—	—	4	5	9	—	—	—	—	—	—	—	—	—
15. Dementia praecox	41	38	79	1	6	7	—	—	—	25	24	49	—	—	—	—	—	—	—	—	—
16. Paranoia or paranoid conditions	5	26	31	—	2	2	—	—	—	3	18	21	—	—	—	—	—	—	—	—	—
17. Epileptic psychoses	3	1	4	—	—	—	—	—	—	2	1	3	—	—	—	—	—	—	—	—	—
18. Psychoneuroses and neuroses	1	1	2	—	—	—	—	—	—	1	1	1	—	—	—	—	—	—	—	—	—
19. With psychopathic personality	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
20. With mental deficiency	6	2	8	—	—	—	—	—	—	5	1	6	—	—	—	—	—	—	—	—	—
21. Undiagnosed psychoses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
22. Without psychosis	1	2	3	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—
Total	200	247	447	9	33	47	25	32	57	124	139	263	26	24	50	6	2	8	10	12	22

TABLE 10. — *Environment of First Admissions classified with Reference to Principal Psychoses for the Year ending September 30, 1923.*

PSYCHOSES.	TOTAL.			URBAN.			RURAL.			UNASCERTAINED.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic	4	-	4	4	-	4	-	-	-	-	-	-
2. Senile	18	42	60	18	42	60	-	-	-	-	-	-
3. With cerebral arteriosclerosis	27	43	70	27	43	70	-	-	-	-	-	-
4. General paralysis	36	10	46	36	10	46	-	-	-	-	-	-
5. With cerebral syphilis	3	2	5	3	2	5	-	-	-	-	-	-
6. With Huntington's chorea	-	-	-	-	-	-	-	-	-	-	-	-
7. With brain tumor	-	1	1	-	1	1	-	-	-	-	-	-
8. With other brain or nervous diseases	2	4	6	2	4	6	-	-	-	-	-	-
9. Alcoholic	23	11	34	23	11	34	-	-	-	-	-	-
10. Due to drugs and other exogenous toxins	-	3	3	-	3	3	-	-	-	-	-	-
11. With pellagra	-	-	-	-	-	-	-	-	-	-	-	-
12. With other somatic diseases	11	13	24	11	13	24	-	-	-	-	-	-
13. Manic-depressive	12	33	45	12	33	45	-	-	-	-	-	-
14. Involution melancholia	5	5	10	5	5	10	-	-	-	-	-	-
15. Dementia praecox	41	38	79	41	38	79	-	-	-	-	-	-
16. Paranoia or paranoid conditions	5	26	31	5	26	31	-	-	-	-	-	-
17. Epileptic psychoses	3	1	4	3	1	4	-	-	-	-	-	-
18. Psychoneuroses and neuroses	1	1	2	1	1	2	-	-	-	-	-	-
19. With psychopathic personality	-	4	4	-	4	4	-	-	-	-	-	-
20. With mental deficiency	6	3	9	6	3	9	-	-	-	-	-	-
21. Undiagnosed psychoses	2	5	7	2	5	7	-	-	-	-	-	-
22. Without psychosis	1	2	3	1	2	3	-	-	-	-	-	-
Total	200	247	447	200	247	447	-	-	-	-	-	-

TABLE 11. — *Economic Condition of First Admissions classified with Reference to Principal Psychoses for the Year ending September 30, 1923.*

PSYCHOSES.	TOTAL.			DEPENDENT.			MARGINAL.			COMFORTABLE.			UNASCERTAINED.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic	4	-	4	2	-	2	2	-	2	-	-	-	-	-	-
2. Senile	18	42	60	10	12	22	3	12	15	1	4	5	4	14	18
3. With cerebral arteriosclerosis	27	43	70	14	11	25	8	20	28	2	3	5	3	9	12
4. General paralysis	36	10	46	3	1	4	27	4	31	2	3	5	4	2	6
5. With cerebral syphilis	3	2	5	-	-	-	3	2	5	-	-	-	-	-	-
6. With Huntington's chorea	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
7. With brain tumor	-	1	1	-	-	-	-	-	-	-	-	-	-	1	1
8. With other brain or nervous diseases	2	4	6	2	1	3	-	1	1	-	1	1	-	1	1
9. Alcoholic	23	11	34	3	1	4	19	8	27	-	-	-	1	2	3
10. Due to drugs and other exogenous toxins	-	3	3	-	1	1	-	1	1	-	1	1	-	-	-
11. With pellagra	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
12. With other somatic diseases	11	13	24	2	1	3	3	8	11	2	2	4	4	2	6
13. Manic-depressive	12	33	45	3	-	3	8	25	33	-	4	4	1	4	5
14. Involution melancholia	5	5	10	-	-	-	4	5	9	-	-	-	1	-	1
15. Dementia praecox	41	38	79	21	5	26	18	29	47	1	1	2	1	3	4
16. Paranoia or paranoid conditions	5	26	31	2	-	2	2	20	22	1	4	5	-	2	2
17. Epileptic psychoses	3	1	4	-	-	-	2	-	2	-	-	-	1	1	2
18. Psychoneuroses and neuroses	1	1	2	-	-	-	1	-	1	-	1	1	-	-	-
19. With psychopathic personality	-	4	4	-	-	-	-	4	4	-	-	-	-	-	-
20. With mental deficiency	6	3	9	3	-	3	2	2	4	-	-	-	1	1	2
21. Undiagnosed psychoses	2	5	7	1	-	1	1	4	5	-	-	-	-	1	1
22. Without psychosis	1	2	3	-	1	1	1	1	2	-	-	-	-	-	-
Total	200	247	447	66	34	100	104	146	250	9	24	33	21	43	64

TABLE 12. — *Use of Alcohol by First Admissions classified with Reference to Principal Psychoses for the Year ending September 30, 1923.*

PSYCHOSES.	TOTAL.			ABSTINENT.			TEM- PERATE.			ITEM- PERATE.			UNASCER- TAINED.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic	4	-	4	1	-	1	2	-	2	1	-	1	-	-	-
2. Senile	18	42	60	2	23	25	7	11	18	3	1	4	6	7	13
3. With cerebral arteriosclerosis	27	43	70	7	19	26	8	18	26	8	6	14	4	-	4
4. General paralysis	36	10	46	6	2	8	22	4	26	6	1	7	2	3	5
5. With cerebral syphilis	3	2	5	1	1	2	2	-	2	-	1	1	-	-	-
6. With Huntington's chorea	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
7. With brain tumor	-	1	1	-	-	-	-	1	1	-	-	-	-	-	-
8. With other brain or nervous dis- eases	2	4	6	1	1	2	-	1	1	1	1	2	-	1	1
9. Alcoholic	23	11	34	-	-	-	1	2	3	21	8	29	1	1	2
10. Due to drugs and other exogenous toxins	-	3	3	-	-	-	-	1	1	-	-	-	-	2	2
11. With pellagra	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
12. With other somatic diseases	11	13	24	3	12	15	4	1	5	4	-	4	-	-	-
13. Manic-depressive	12	33	45	2	18	20	6	1	7	3	2	5	1	12	13
14. Involution melancholia	5	5	10	3	3	6	1	2	3	1	-	1	-	-	-
15. Dementia praecox	41	38	79	19	21	40	13	5	18	7	-	7	2	12	14
16. Paranoia or paranoid conditions	5	26	31	1	16	17	2	5	7	2	-	2	-	5	5
17. Epileptic psychoses	3	1	4	-	-	-	2	1	3	-	-	-	1	-	1
18. Psychoneuroses and neuroses	1	1	2	-	1	1	-	-	-	1	-	1	-	-	-
19. With psychopathic personality	-	4	4	-	3	3	-	-	-	-	-	-	-	1	1
20. With mental deficiency	6	3	9	4	2	6	2	-	2	-	-	-	-	1	1
21. Undiagnosed psychoses	2	5	7	1	1	2	-	1	1	1	-	1	-	3	3
22. Without psychosis	1	2	3	1	-	1	-	1	1	-	-	-	-	1	1
Total	200	247	447	52	123	175	72	55	127	59	20	79	17	49	66

TABLE 13. — *Marital Condition of First Admissions classified with Reference to Principal Psychoses for the Year ending September 30, 1923.*

PSYCHOSES.	TOTAL.			SINGLE.			MARRIED.			WIDOWED.			SEPARATED.			DIVORCED.			UNASCERTAINED.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic	4	—	4	2	—	2	1	—	1	1	—	1	—	—	—	—	—	—	—	—	—
2. Senile	18	42	60	7	10	17	3	8	11	19	28	39	11	10	21	—	—	—	—	—	—
3. With cerebral arteriosclerosis	27	43	70	9	10	19	8	11	19	28	39	—	—	—	—	—	—	—	—	—	—
4. General paralysis	36	10	46	7	—	7	27	6	33	1	1	1	—	—	—	—	—	—	—	—	—
5. With cerebral syphilis	3	2	5	—	—	—	3	1	4	—	—	—	—	—	—	—	—	—	—	—	—
6. With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7. With brain tumor	—	1	1	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8. With other brain or nervous diseases	2	4	6	—	—	—	—	3	3	—	—	—	—	—	—	—	—	—	—	—	—
9. Alcoholic	23	11	34	12	2	14	8	9	17	3	—	3	—	—	—	1	—	—	—	1	—
10. Due to drugs and other exogenous toxins	—	3	3	—	—	—	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—
11. With pellagra	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12. With other somatic diseases	11	13	24	2	2	4	6	8	14	3	3	6	—	—	—	—	—	—	—	—	—
13. Manic-depressive	12	33	45	3	13	16	8	17	25	1	2	3	—	—	—	—	—	—	—	—	—
14. Involution melancholia	5	5	10	2	1	3	3	3	5	1	2	2	—	—	—	—	—	—	—	—	—
15. Dementia praecox	41	38	79	36	19	55	4	16	20	1	3	4	—	—	—	—	—	—	—	—	—
16. Paranoia or paranoid conditions	5	26	31	2	8	10	3	9	12	—	—	8	—	—	—	1	—	—	—	—	—
17. Epileptic psychoses	3	1	4	1	1	2	1	1	1	—	—	—	—	—	—	—	—	—	—	—	—
18. Psychoneuroses and neuroses	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
19. With psychopathic personality	—	4	4	—	3	3	1	1	1	—	—	—	—	—	—	—	—	—	—	—	—
20. With mental deficiency	—	6	3	5	3	8	1	1	1	—	—	—	—	—	—	—	—	—	—	—	—
21. Undiagnosed psychoses	—	2	5	7	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
22. Without psychosis	1	2	3	1	—	1	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—
Total	200	247	447	86	72	158	73	97	175	31	73	104	1	2	3	2	3	5	2	—	2

TABLE 14. — *Psychoses of Readmissions for the Year ending September 30, 1923.*

PSYCHOSES.	M.	F.	T.
1. Traumatic psychoses	-	-	-
2. Senile psychoses	3	3	6
3. Psychoses with cerebral arteriosclerosis	2	5	7
4. General paralysis	7	-	7
5. Psychoses with cerebral syphilis	3	-	3
6. Psychoses with Huntington's chorea	-	-	-
7. Psychoses with brain tumor	-	-	-
8. Psychoses with other brain or nervous diseases	-	-	-
9. Alcoholic psychoses	2	1	3
10. Psychoses due to drugs and other exogenous toxins	-	1	1
11. Psychoses with pellagra	-	-	-
12. Psychoses with other somatic diseases	-	-	-
13. Manic-depressive psychoses	14	29	43
14. Involution melancholia	1	-	1
15. Dementia praecox	16	21	37
16. Paranoia or paranoid conditions	2	7	9
17. Epileptic psychoses	-	1	1
18. Psychoneuroses and neuroses	1	1	2
19. Psychoses with psychopathic personality	1	1	2
20. Psychoses with mental deficiency	3	3	6
21. Undiagnosed psychoses	1	2	3
22. Without psychosis	-	1	1
Total	56	76	132

TABLE 15. — *Discharges of Patients classified with Reference to Principal Psychoses and Condition on Discharge for the Year ending September 30, 1923.*

PSYCHOSES.	TOTAL.			RECOVERED.			IMPROVED.			UNIMPROVED.			WITHOUT PSYCHOSIS.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2. Senile	-	5	5	-	-	-	-	2	2	-	3	3	-	-	-
3. With cerebral arteriosclerosis	3	4	7	-	-	-	3	2	5	-	2	2	-	-	-
4. General paralysis	4	2	6	-	-	-	2	1	3	2	1	3	-	-	-
5. With cerebral syphilis	2	-	2	-	-	-	1	-	1	1	-	1	-	-	-
6. With Huntington's chorea	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
7. With brain tumor	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8. With other brain or nervous diseases	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
9. Alcoholic	16	6	22	7	-	7	8	5	13	1	1	2	-	-	-
10. Due to drugs and other exogenous toxins	-	1	1	-	1	1	-	-	-	-	-	-	-	-	-
11. With pellagra	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
12. With other somatic diseases	4	3	7	3	-	3	1	2	3	-	1	1	-	-	-
13. Manic-depressive	18	47	65	9	17	26	9	24	33	-	6	6	-	-	-
14. Involution melancholia	-	2	2	-	1	1	-	1	1	-	-	-	-	-	-
15. Dementia praecox	27	20	47	-	-	-	13	17	30	14	3	17	-	-	-
16. Paranoia or paranoid conditions	1	10	11	-	-	-	1	10	11	-	-	-	-	-	-
17. Epileptic psychoses	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
18. Psychoneuroses and neuroses	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
19. With psychopathic personality	2	6	8	1	-	1	1	6	7	-	-	-	-	-	-
20. With mental deficiency	7	3	10	2	-	2	3	3	6	2	-	2	-	-	-
21. Undiagnosed psychoses	-	2	2	-	-	-	-	2	2	-	-	-	-	-	-
22. Without psychosis	2	1	3	-	-	-	-	-	-	-	-	-	2	1	3
Total	86	112	198	22	19	41	42	75	117	20	17	37	2	1	3

TABLE 16. — Causes of Death of Patients classified with Reference to Principal Psychoses, for the Year ending September 30, 1923.

CAUSES OF DEATH.	TOTAL.			SENILE.			WITH CEREBRAL ARTERIO-SCLEROSIS.			GENERAL PARALYSIS.			ALCOHOLIC.			MANIC-DEPRESSIVE.			INVOLUTION MELANCHOLIA.			
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	
<i>General Diseases.</i>																						
Erysipelas	2	1	3	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	1	-	1
Septicemia	12	16	28	-	-	-	-	-	-	2	2	2	-	-	3	3	-	-	1	1	1	1
Tuberculosis of lungs	5	2	7	1	-	1	-	2	-	-	-	-	1	2	3	-	-	-	-	-	-	-
Cancer	1	1	2	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1	-	-	-	-
Diabetes	1	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other general diseases	3	1	4	-	-	-	3	1	4	-	-	-	-	-	-	-	-	-	-	-	-	-
<i>Nervous System.</i>																						
Apoplexy (cerebral hemorrhage)	18	7	25	-	-	-	-	-	-	18	7	25	-	-	-	-	-	-	-	-	-	-
General paralysis of insane	2	2	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Exhaustion from other mental diseases	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Brain tumor	23	15	38	4	2	6	6	6	12	4	-	4	3	2	5	1	1	2	2	-	-	2
<i>Circulatory System.</i>																						
Endocarditis and myocarditis	-	4	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other diseases of the heart	10	19	29	5	6	11	5	13	18	-	-	-	-	-	-	-	-	-	-	-	-	-
Arteriosclerosis	1	2	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other diseases of circulatory system	2	2	4	-	1	1	-	1	1	2	-	2	-	-	-	-	-	-	-	-	-	-
<i>Respiratory System.</i>																						
Bronchitis	27	28	55	3	6	9	5	11	16	13	1	14	3	1	4	-	2	2	2	2	2	4
Bronchopneumonia	7	4	11	1	3	4	2	1	3	1	-	1	-	-	-	-	-	-	-	-	-	-
Lobar pneumonia	1	-	1	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Pleurisy	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other diseases of the respiratory system	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<i>Digestive System.</i>																						
Diarrhea and enteritis	-	5	5	-	2	2	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-
Hernia and intestinal obstruction	1	1	2	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cirrhosis of liver	1	-	1	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-
Other diseases of digestive system (cancer and tuberculosis excepted)	2	1	3	-	-	-	-	-	-	1	-	1	1	1	2	-	-	-	-	-	-	-
<i>Genito-urinary System.</i>																						
Chronic nephritis	8	2	10	2	-	2	2	2	-	-	1	1	-	-	-	-	-	-	-	1	-	1
Other diseases of kidneys and annexa	-	2	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Diseases of bladder	-	3	3	-	2	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other diseases of genito-urinary system	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<i>Diseases of the Skin.</i>																						
Gangrene	-	1	1	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	124	123	247	17	24	41	23	36	59	42	10	52	9	6	15	1	11	12	6	3	9	9

TABLE 16. — *Causes of Death of Patients classified with Reference to Principal Psychoses for the Year ending September 30, 1923* —
Concluded.

CAUSES OF DEATH.	DEMENTIA PRAECOX.			PARANOID OR PARANOID CONDITIONS.			EPILEPTIC PSYCHOSES.			PSYCHO- NEUROSES AND NEUROSES.			WITH PSYCHO- PATHIC PERSONALITY.			WITH MENTAL DEFICIENCY.			ALL OTHER PSYCHOSES. ¹		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
<i>General Diseases.</i>																					
Erysipelas	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Septicemia	—	9	17	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis of lungs	8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cancer	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diabetes	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other general diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
<i>Nervous System.</i>																					
Apoplexy (cerebral hemorrhage)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
General paralysis of insane	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Exhaustion from other mental diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Brain tumor	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
<i>Circulatory System.</i>																					
Endocarditis and myocarditis	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other diseases of the heart	—	1	1	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Arteriosclerosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other diseases of circulatory system	—	1	1	—	1	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—
<i>Respiratory System.</i>																					
Bronchitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Bronchopneumonia	—	3	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Lobar pneumonia	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pleurisy	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other diseases of the respiratory system	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
<i>Digestive System.</i>																					
Diarrhea and enteritis	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Hernia and intestinal obstruction	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cirrhosis of liver	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other diseases of digestive system (cancer and tuberculosis excepted)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
<i>Genito-urinary System.</i>																					
Chronic nephritis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other diseases of kidneys and annexa	1	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diseases of bladder	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other diseases of genito-urinary system	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
<i>Diseases of the Skin.</i>																					
Gangrene	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	12	17	29	1	3	4	1	1	2	—	1	1	—	—	—	1	1	2	11	10	21

¹ Includes group 22 "without psychosis."

TABLE 17. — Age of Patients at Time of Death classified with Reference to Principal Psychoses for the Year ending September 30, 1923.

PSYCHOSES.	TOTAL.			UNDER 15 YEARS.			15-19 YEARS.			20-24 YEARS.			25-29 YEARS.			30-34 YEARS.			35-39 YEARS.			40-44 YEARS.		
	M.		T.	M.		T.	M.		T.	M.		T.	M.		T.	M.		T.	M.		T.	M.		T.
	F.	T.		F.	T.		F.	T.		F.	T.		F.	T.		F.	T.		F.	T.		F.	T.	
1. Traumatic	17	24	41	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2. Senile	23	36	59	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
3. With cerebral arteriosclerosis	42	10	52	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
4. General paralysis	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5. With cerebral syphilis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6. With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7. With brain tumor	2	1	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8. With other brain or nervous diseases	9	6	15	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9. Alcoholic	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10. Due to drugs and other exogenous toxins	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
11. With pellagra	8	8	16	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12. With other somatic diseases	1	11	12	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
13. Manic-depressive	6	3	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
14. Involution melancholia	12	17	29	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
15. Dementia praecox	1	3	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
16. Dementia or paranoid conditions	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
17. Epileptic psychoses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
18. Psychoneuroses and neuroses	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
19. With psychopathic personality	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
20. With mental deficiency	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
21. Undiagnosed psychoses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
22. Without psychosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	124	123	247	—	—	—	1	1	—	—	—	—	4	2	6	7	6	13	3	6	9	20	8	28

TABLE 17. — Age of Patients at Time of Death classified with Reference to Principal Psychoses for the Year ending September 30, 1923 — Concluded.

PSYCHOSES.	45-49 YEARS.			50-54 YEARS.			55-59 YEARS.			60-64 YEARS.			65-69 YEARS.			70 YEARS AND OVER.			UNASCERTAINED.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2. Senile	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
3. With cerebral arteriosclerosis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
4. General paralysis	10	2	12	6	1	7	4	2	6	2	4	3	3	1	1	14	20	34	-	-	-
5. With cerebral syphilis	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	9	26	35	-	-	-
6. With Huntington's chorea	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-
7. With brain tumor	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8. With other brain or nervous diseases	1	2	3	2	1	3	2	2	4	-	-	-	-	-	-	1	-	1	-	-	-
9. Alcoholic	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
10. Due to drugs and other exogenous toxins	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
11. With pellagra	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
12. With other somatic diseases	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4	-	4	-	-	-
13. Manic-depressive	-	4	4	-	-	-	-	1	2	3	1	2	-	-	-	1	1	1	-	-	-
14. Involution melancholia	-	-	-	-	-	-	-	3	4	-	-	-	-	-	-	-	-	-	-	-	-
15. Dementia praecox	1	5	6	1	1	2	2	2	-	1	2	3	-	-	-	-	-	-	-	-	-
16. Paranoia or paranoid conditions	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
17. Epileptic psychoses	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
18. Psychoneuroses and neuroses	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
19. With psychopathic personality	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
20. With mental deficiency	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-
21. Undiagnosed psychoses	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
22. Without psychosis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	14	13	27	10	12	22	16	10	26	7	12	19	14	6	20	29	47	76	-	-	-

TABLE 18. — *Total Duration of Hospital Life of Patients dying in Hospital classified according to Principal Psychoses for the Year ending September 30, 1923.*

PSYCHOSES.	TOTAL.			LESS THAN 1 MONTH.			1-3 MONTHS.			4-7 MONTHS.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic	-	-	-	-	-	-	-	-	-	-	-	-
2. Senile	17	24	41	2	5	7	5	5	10	1	-	1
3. With cerebral arteriosclerosis	23	36	59	7	8	15	5	11	16	4	7	11
4. General paralysis	42	10	52	9	4	13	3	1	4	7	2	9
5. With cerebral syphilis	1	-	1	-	-	-	-	-	-	-	-	-
6. With Huntington's chorea	-	-	-	-	-	-	-	-	-	-	-	-
7. With brain tumor	-	1	1	-	-	-	-	1	1	-	-	-
8. With other brain or nervous diseases	2	1	3	1	1	2	-	-	-	-	-	-
9. Alcoholic	9	6	15	1	2	3	1	-	1	2	-	2
10. Due to drugs and other exogenous toxins	-	-	-	-	-	-	-	-	-	-	-	-
11. With pellagra	-	-	-	-	-	-	-	-	-	-	-	-
12. With other somatic diseases	8	8	16	4	7	11	4	1	5	-	-	-
13. Manic-depressive	1	11	12	-	5	5	-	-	-	-	2	2
14. Involution melancholia	6	3	9	-	-	-	1	1	2	3	1	4
15. Dementia praecox	12	17	29	-	1	1	-	2	2	-	-	-
16. Paranoia or paranoid conditions	1	3	4	-	-	-	-	-	-	-	1	1
17. Epileptic psychoses	1	1	2	-	1	1	-	-	-	-	-	-
18. Psychoneuroses and neuroses	-	1	1	-	-	-	-	-	-	-	-	-
19. With psychopathic personality	-	-	-	-	-	-	-	-	-	-	-	-
20. With mental deficiency	1	1	2	-	-	-	-	-	-	-	-	-
21. Undiagnosed psychoses	-	-	-	-	-	-	-	-	-	-	-	-
22. Without psychosis	-	-	-	-	-	-	-	-	-	-	-	-
Total	124	123	247	24	34	58	19	22	41	17	13	30

TABLE 18. — *Total Duration of Hospital Life of Patients dying in Hospital classified according to Principal Psychoses for the Year ending September 30, 1923*
— Continued.

PSYCHOSES.	8-12 MONTHS.			1-2 YEARS.			3-4 YEARS.			5-10 YEARS.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic	-	-	-	-	-	-	-	-	-	-	-	-
2. Senile	-	4	4	6	5	11	2	1	3	1	3	4
3. With cerebral arteriosclerosis	-	1	1	1	4	5	-	3	3	5	1	6
4. General paralysis	7	-	7	12	2	14	3	1	4	1	-	1
5. With cerebral syphilis	-	-	-	1	-	1	-	-	-	-	-	-
6. With Huntington's chorea	-	-	-	-	-	-	-	-	-	-	-	-
7. With brain tumor	-	-	-	-	-	-	-	-	-	-	-	-
8. With other brain or nervous diseases	-	-	-	1	-	1	-	-	-	-	-	-
9. Alcoholic	-	-	-	2	2	4	-	1	1	2	1	3
10. Due to drugs and other exogenous toxins	-	-	-	-	-	-	-	-	-	-	-	-
11. With pellagra	-	-	-	-	-	-	-	-	-	-	-	-
12. With other somatic diseases	-	-	-	-	-	-	-	-	-	-	-	-
13. Manic-depressive	-	-	-	1	1	2	-	2	2	-	1	1
14. Involution melancholia	-	1	1	1	-	1	-	-	-	-	-	-
15. Dementia praecox	-	-	-	1	4	5	5	2	7	4	6	10
16. Paranoia or paranoid conditions	-	-	-	-	1	1	-	-	-	1	1	2
17. Epileptic psychoses	-	-	-	-	-	-	-	-	-	1	-	1
18. Psychoneuroses and neuroses	-	-	-	-	-	-	-	1	1	-	-	-
19. With psychopathic personality	-	-	-	-	-	-	-	-	-	-	-	-
20. With mental deficiency	-	-	-	1	1	2	-	-	-	-	-	-
21. Undiagnosed psychoses	-	-	-	-	-	-	-	-	-	-	-	-
22. Without psychosis	-	-	-	-	-	-	-	-	-	-	-	-
Total	7	6	13	27	20	47	10	11	21	15	13	28

TABLE 18. — *Total Duration of Hospital Life of Patients dying in Hospital classified according to Principal Psychoses for the Year ending September 30, 1923*
— Concluded.

PSYCHOSES.	10-15 YEARS.			15-20 YEARS.			20 YEARS AND OVER.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic	-	-	-	-	-	-	-	-	-
2. Senile	-	-	-	-	1	1	-	-	-
3. With cerebral arteriosclerosis	1	1	2	-	-	-	-	-	-
4. General paralysis	-	-	-	-	-	-	-	-	-
5. With cerebral syphilis	-	-	-	-	-	-	-	-	-
6. With Huntington's chorea	-	-	-	-	-	-	-	-	-
7. With brain tumor	-	-	-	-	-	-	-	-	-
8. With other brain or nervous diseases	-	-	-	-	-	-	-	-	-
9. Alcoholic	1	-	1	-	-	-	-	-	-
10. Due to drugs and other exogenous toxins	-	-	-	-	-	-	-	-	-
11. With pellagra	-	-	-	-	-	-	-	-	-
12. With other somatic diseases	-	-	-	-	-	-	-	-	-
13. Manic-depressive	-	-	-	-	-	-	-	-	-
14. Involution melancholia	1	-	1	-	-	-	-	-	-
15. Dementia praecox	2	1	3	-	1	1	-	-	-
16. Paranoia or paranoid conditions	-	-	-	-	-	-	-	-	-
17. Epileptic psychoses	-	-	-	-	-	-	-	-	-
18. Psychoneuroses and neuroses	-	-	-	-	-	-	-	-	-
19. With psychopathic personality	-	-	-	-	-	-	-	-	-
20. With mental deficiency	-	-	-	-	-	-	-	-	-
21. Undiagnosed psychoses	-	-	-	-	-	-	-	-	-
22. Without psychosis	-	-	-	-	-	-	-	-	-
Total	5	2	7	-	2	2	-	-	-

TABLE 19. — *Family Care Department, Year ending September 30, 1923.*

	M.	F.	T.
Remaining in Family Care Sept. 30, 1922	1	13	14
Admitted within the year	-	7	7
Nominally admitted from visit during the year	-	-	-
Whole number of cases within the year	1	20	21
Dismissed within the year	-	11	11
Returned to institution	-	8	8
Discharged	-	3	3
On visit	-	-	-
Remaining September 30, 1923	1	9	10
Supported by state	-	5	5
Private	1	3	4
Self-supporting	-	1	1
Number of different persons within the year	1	20	21
Number of different persons admitted	-	7	7
Number of different persons discharged	-	11	11
Average daily number	1.00	12.36	13.36
State	-	7.13	7.13
Reimbursing	-	-	-
Self-supporting	-	1.23	1.23
Private	1.00	4.00	5.00



